Croonian Lectures

ON THE

EVOLUTION AND DISSOLUTION OF THE NERVOUS SYSTEM.

Delivered at the Royal College of Physicians,

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LECTURE I.

MR. PRESIDENT AND GENTLEMEN, — The doctrine of evolution daily gains new adherents. It is not simply synonymous with Darwinism. Herbert Spencer applies it to all orders of phenomena. His application of it to the nervous system is most important for medical men. I have long thought that we shall be very much helped in our investigations of diseases of the nervous system by considering them as reversals of evolution—that is, as dissolutions. Dissolution is a term I take from Spencer as meaning the reverse of the process of evolution. The subject has been worked at for many years. About half a century ago Laycock applied the doctrine of reflex action to the brain. Sir Charles Bell, in speaking of degrees of drunkenness, and Baillarger, in remarking upon aphasia, have pointed out that there is a reduction from the voluntary towards the automatic. The late Dr. Anstie's researches[1] are perhaps the most valuable of all contributions towards the study of diseases of the nervous system as examples of dissolution, although he did not use that term. I refer also with great respect to the most valuable and highly original work which Ross, Ribot, and Mercier have done in the same direction. The brilliant researches of Hitzig and Ferrier, besides their obvious great value in other ways, are of very great value in supporting the doctrines of evolution and dissolution of the nervous system. In this connexion I gladly mention with great respect a recent valuable paper on cerebral localisation by Dr. Sharkey.

Wishing as soon as possible to give illustrations of dissolution, I will make the necessary preliminary as short as I can. I speak only of the most striking aspects of evolution and dissolution, leaving entirely out of account some very important factors specially insisted upon by Herbert Spencer. I regret that time renders it necessary for me to simplify my subject by serious omissions. Spencer, to whom I am under the deepest obligation, must not be judged by my present application of his doctrines, or rather of part of them. I have to ask pardon for the use in this lecture of some popular terms. "Most voluntary," though it has a technical sound, is, when used in contrast to "most automatic," a popular term, and later on it will be discarded. I have also to acknowledge an omission; I speak for the most part of the cerebral system only, almost ignoring all divisions of the cerebellar system. For the present I neglect the absolute distinction there really is between mental and nervous states.

Beginning with evolution, and dealing only with the most conspicuous parts of the process, I say of it that it is an ascending development in a particular order. I make three statements, which, although from different standpoints, are about the very same thing. 1. Evolution is a passage from the most to the least organised—that is to say, from the lowest well-organised centres up to the highest least organised centres. Putting this otherwise, the process is from centres comparatively well organised at birth up to those, the highest centres, which are continually organising through life. 2. Evolution is a passage from the most simple to the most complex; again from the lowest to the highest centres. There is no inconsistency whatever in speaking of centres being at the same time most complex and least organised. Suppose a centre to consist of but two sensory and two motor elements, if the sensory and motor elements be well joined, so that "currents flow" easily from the sensory into the motor elements, then that centre, although a very simple one, is highly organised. On the other hand, we can conceive a centre consisting of four sensory and four motor elements, in which, however, the junctions between the sensory and the motor elements are so imperfect that the nerve currents meet with much resistance. Here is a centre twice as complex as the one previously spoken of, but of which we may say that it is only half so well organised. 3. Evolution is a passage from the most automatic to the most voluntary. The triple conclusion come to is, that the highest centres, which are the climax of nervous evolution, and which make up the "organ of mind," or physical basis of consciousness, are the least organised, the most complex, and the most voluntary. So much for the positive process by which the nervous system is "put together"—evolution. Now for the negative process, "the taking it to pieces"—dissolution.

Dissolution being the reverse of the process of evolution just spoken of, little need be said about it here. It is a process of undevelopment; it is a "taking to pieces" in the order from the least organised, the most complex, and the most voluntary, towards the most organised, most simple, and most automatic. I have used the word "towards," for if dissolution were up to and inclusive of the most organised, &c., if, in other words, dissolution were total, the result would be death. I say nothing of total dissolution in these lectures. Dissolution being partial, the condition in every case of it is duplex. The symptomatology of nervous diseases is a double condition; there is a negative and there is a positive element in every case. Evolution not being entirely reversed, some level of evolution is left. Hence the statement "to undergo dissolution" is rigidly the equivalent of the statement "to be reduced to a lower level of evolution." In more detail, loss of the least organised, most complex, and most voluntary implies the retention of the more organised, the less complex, and the more automatic. This is not a mere truism; or, if it be, it is one that is often neglected. Disease is said to cause the symptoms of insanity. I submit that disease only produces negative mental symptoms answering to the dissolution, and that all elaborate positive mental symptoms (illusions, hallucinations, delusions, and extravagant conduct) are the outcome of activity of nervous elements untouched by any pathological process—that they arise during activity on the lower level of evolution remaining. The principle may be illustrated in another way without undue recapitulation. Starting this time with health, the assertion is that each person's normal thought and conduct are, or signify, survivals of the fittest states of what we may call the topmost layer of his highest centres, the normal highest level of evolution. Now, suppose that from disease the normal highest level of evolution (the topmost layer) is rendered functionless. This is the dissolution, to which answer the negative symptoms of the patient's insanity. I contend that his positive mental symptoms are still the survival of his fittest states—are survivals on the lower, but then highest, level of evolution. The most absurd mentation and most extravagant actions in insane people are the survival of their fittest states. I say "fittest," not "best"; in this connexion the evolutionist has nothing to do with good or bad. We need not wonder that an insane man believes in what we call his illusions; they are his perceptions. His illusions, &c., are not caused by disease, but are the outcome of activity of what is left of him (of what disease has spared) of all there then is of him; his illusions, &c., are his mind.

After this brief sketch I mention what may appear to be a drawback. Scarcely ever, if ever, do we meet with a case of dissolution which we can suppose to be the exact opposite of evolution. Often enough, however, do we meet with its near opposites. I will try to dissipate any difficulties that may arise. We make two broad divisions of cases of dissolution—uniform and local.

In uniform dissolution the whole nervous system is under the same conditions or evil influence, the evolution of the whole nervous system is comparatively evenly reversed. In these cases the whole nervous system is "reduced," but the different centres are not equally affected. An injurious agency, say alcohol, taken into the system, flows to all parts of it, but the highest centres being least organised, "give out" first and most; the middle centres, being more organised, resist longer, and the lowest centres, being most organised, resist longest. Did not the lowest centres for respiration and circulation resist more than the highest do, death by alcohol would be a very common thing. Another way of stating the foregoing is to say that increasing uniform

[1] Stimulants and Narcotics.

dissolution follows a "compound order." Three stages may be rudely symbolised thus, using the initial letters of highest, middle, and lowest centres. First stage or depth of dissolution, h; second stage, $h_2 + m$; third stage, $h_3 + m_2 + l$; &c. Although I shall say very little later on of involvement of middle and lowest centres in cases of uniform dssolution, it is most important, especially with regard to clear notions on localisation, to recognise that the order of dissolution is a compound order.

The next division is local dissolution. Obviously disease of a part of the nervous system could not be a reversal of the evolution of the whole; all that we can expect is a local reversal of evolution, that there should be loss in the order from voluntary towards automatic in what the part diseased represents. Repeating in effect what was said on uniform dissolution, it is only when dissolution occurs in all divisions of the highest centres that we can expect a reduction from the most voluntary of all towards the most automatic of all. Dissolution may be local in several senses. Disease may occur on any evolutionary level on one side, or on both sides; it may affect the sensory elements chiefly, or the motor elements chiefly. It must be particularly mentioned that there are local dissolutions of the highest centres. It will be granted that in every case of insanity the highest centres are morbidly affected. Since there are different kinds as well as degrees of insanity, for examples, general paralysis and melancholia, it follows, of necessity, that different divisions of the highest centres are morbidly affected in the two cases. Different kinds of insanity are different local dissolutions of the highest centres.

I now come to give examples of dissolution. I confess that I have selected cases which illustrate most definitely, not pretending to be able to show that all the diseases of which we have a large clinical knowledge exemplify the law of dissolution. However, I instance very common cases, or cases in which the pathology has been well worked out; they are cases dependent on disease at various levels from the bottom to the top of the central nervous system. Most of them are examples of local dissolution.

1. Starting at the bottom of the central nervous system, the first example is the commonest variety of progressive muscular atrophy. We see here that atrophy begins in the most voluntary limb, the arm; it affects first the most voluntary part of that limb, the hand, and first of all the most voluntary part of the hand; it then spreads to the trunk, in general to the more automatic parts. To speak of a lower level of evolution in this case is almost to state a barren truism. At a stage when the muscles of the hand only are wasted, there is atrophy of the first or second dorsal anterior horn; the lower level of evolution is made up of the higher anterior horns for muscles of the arm. This statement, however, is worth making, for it shows clearly that by higher and lower is meant anatomico-physiologically higher or lower.

2. Going a stage higher we come to hemiplegia, owing to destruction of part of a plexus in the mid-region of the brain. Choosing the commonest variety of hemiplegia, we say that there is loss of more or fewer of the most voluntary movements of one side of the body; we find that the arm, the more voluntary limb, suffers the more and longer; we find, too, that the most voluntary part of the face suffers more than the rest of the face. Here we must speak particularly of the lower level of evolution remaining; strictly we should say collateral and lower. We note that although unilateral movements (the more voluntary) are lost, the more automatic (the bilateral) are retained. Long ago this was explained by Broadbent. Subsequent clinical researches are in accord with his hypothesis. The point of it is that the bilateral movements escape in cases of hemiplegia in spite of destruction of some of the nervous arrangements representing them; the movements are doubly represented—that is, in each half of the brain. Hemiplegia is a clear case of dissolution, loss of the most voluntary movements of one side of the body with persistence of the more automatic movements.

3. The next illustration is paralysis agitans. Apart from all speculation as to the seat of this disease, the motorial disorder illustrates dissolution well. In most cases the tremor affects the arm first, begins in the hand, and in the thumb and index-finger. The motorial disorder in this disease becomes bilateral; in an advanced stage paralysis agitans is double hemiplegia with rigidity—is a two-sided dissolution.

4. Next we speak of epileptiform seizures which are unquestionably owing to disease in the mid-region of the brain (middle motor centres). Taking the commonest variety, we see that the spasm mostly begins in the arm, nearly always in the hand, and most frequently in the thumb or index-finger, or both; these two digits are the most voluntary parts of the whole body.

5. [The next illustration was by cases of temporary paralyses after epileptiform seizures.]

6. Chorea is a disease in which the limbs (the most voluntary parts) are affected more than the trunk (the more automatic parts), and the arms (the more voluntary limbs) suffer more than the legs. The localisation of this disease has not been made out; symptomatically, however, it illustrates dissolution. Chorea has a special interest for me. The great elaborateness of the movements points to disease "high up"—to disease on a high level of evolution. Twenty years ago, from thinking on its peculiarities, it occurred to me that some convolutions represent movements. A view I have taken ever since.

7. Aphasia. This well illustrates the doctrine of dissolution, and in several ways. We will consider a case of complete speechlessness. (*a*) There is loss of intellectual (the more voluntary) language, with persistence of emotional (the more automatic) language. In detail the patient cannot speak, and his pantomime is of a very simple kind; yet, on the other hand, he smiles, frowns, varies the tones of his voice (he may be able to sing), and gesticulates as well as ever. Gesticulation, which is an emotional manifestation, must be distinguished from pantomime, which is part of intellectual language. (*b*) The frequent persistence of "Yes" and "No" in the case of patients who are otherwise entirely speechless is a fact of extreme significance. We see that the patient has lost all speech, with the exception of the two most automatic of all verbal utterances. "Yes" and "No" are evidently most general, for they assent to or dissent from any statement. In consequence of being frequently used, the correlative nervous arrangements are of necessity highly organised, and, as a further consequence, they are deeply automatic. (*c*) A more important, though not more significant, illustration is that the patient who cannot get out a word in speech nevertheless understands all that we say to him. Plainly this shows loss of a most voluntary service of words, with persistence of a more automatic service of words. We find illustrations in small corners. (*d*) There are three degrees of the utterance "No" by aphasics. A patient may use it emotionally only—a most automatic service; another patient may also be able to reply correctly with it—a less automatic, but still very automatic service. (Here there is some real speech.) There is a still higher use of it, which some aphasics have not got. A patient who can reply "No" to a question may be unable to say "No" when told to do so. You ask the aphasic, "Is your name Jones?" he replies "No." You tell him to say "No," he tries and fails. You ask, "Are you a hundred years old?" He replies "No." You tell him to say "No." He cannot. Whilst not asserting that the inability to say "No" when told is a failure in language, it is asserted that such inability with retention of power to use the word in reply illustrates dissolution. (*e*) A patient who is speechless may be unable to put out his tongue when told to do so; that he knows what is wanted is sometimes shown by his putting his finger in his mouth to help out the organ. That the tongue is not paralysed in the ordinary sense is easily proved. The patient swallows well, which he could not do if his tongue were as much paralysed as "it pretends to be." Besides, on other occasions he puts out his tongue, for example, to catch a stray crumb. Here is a reduction to a more automatic condition; there is no movement of the tongue more voluntary than that of putting it out when told.

[The lecturer then remarked on swearing and on the utterance of other and innocent ejaculations by aphasics, remarking that some of these utterances had elaborate propositional structure but no propositional value. The patients could not repeat, say, what under excitement they uttered glibly and well. He spoke next of the frequent retention of some recurring utterance by aphasics, such as "Come on to me." These were not, from the mouth of the aphasic, of any propositional value, were not speech. He had no explanation to offer of these, but stated the hypothesis that they were the words the patient was uttering, or was about to utter, at the time he was taken ill.]

8. So far I have spoken of local dissolution occurring on but one-half of the nervous system on different levels. Coming to the highest centres I speak of uniform dissolutions—of cases in which all divisions of these centres are

subjected to the same evil influence. I choose some cases of insanity. In doing this I am taking up the most difficult of all nervous diseases. I grant that it is not possible to show in detail that they exemplify the principle of dissolution, but choosing the simplest of these most complex cases we may show clearly that they illustrate it in general. I take a very common-place example—delirium in acute non-cerebral disease. This, scientifically regarded, is a case of insanity. In this, as in all other cases of insanity, it is imperative to take equally into account not only the dissolution but the lower level of evolution that remains. The patient's condition is partly negative and partly positive. Negatively, he ceases to know that he is in hospital, and ceases to recognise persons about him. In other words, he is lost to his surroundings, or, in equivalent terms, he is defectively conscious. We must not say that he does not know where he is because he is defectively conscious; his not knowing where he is is itself defect of consciousness. The negative mental state signifies, on the physical side, exhaustion, or loss of function, somehow caused, of some highest nervous arrangements of his highest centres. We may conveniently say that it shows loss of function of the topmost layer of his highest centres. No one, of course, believes that the highest centres, or any other centres, are in layers; but the supposition will simplify exposition. The other half of his condition is positive. Besides his not knowings, there are his wrong knowings. He imagines himself to be at home or at work, and acts as far as practicable as if he were; ceasing to recognise his nurse as a nurse, he takes her to be his wife. This, the positive part of his condition, shows activity of the second layer of his highest centres; but which, now that the normal topmost layer is out of function, is the then highest layer; his delirium is the "survival of the fittest states," on his then highest evolutionary level. Plainly, he is reduced to a more automatic condition. Being (negatively) lost, from loss of function of the highest, latest developed, and least organised, to his present "real," surroundings, he (positively) talks and acts as if adjusted to some former "ideal" surroundings, necessarily the more organised.

I now make some general remarks on the eight illustrations, in order to prevent certain misunderstanding. It is asserted, again, that each of the eight cases is a different dissolution. All that is meant is that each shows a reduction from the voluntary towards the automatic in what the centre, or part of it, which is diseased, represents. If we take extreme cases, the case of progressive muscular atrophy and the case of insanity (delirium in acute non-cerebral disease), we say that the two are alike, because in each there is reduction to a more automatic condition, and we say, too, that they are very unlike, the parts of the nervous system morbidly affected being exceedingly different.

I have so far almost ignored the distinction between nervous states and mental states. Now, if the case of insanity be considered as a series of mental phenomena only, it would be absurd to compare, or even to contrast, it with progressive muscular atrophy, which is a series of physical phenomena only. But no difficulty can arise if it be understood that insanity, or "disease of the mind," is with medical men disease of the highest nervous centres revealing itself in a series of mental phenomena. We compare and contrast disease of the highest centres with disease of some anterior horns (some lowest centres) revealing itself in atrophy of certain muscles. But, acknowledging this, it may be said that the two things are so exceedingly different that it is frivolous to compare, or even to contrast, them on any basis. Yet, no one denies that each is a morbid affection of the central nervous system; this being granted, the rejoinder to those who insist on the extreme unlikeness is that the lesion in one is at the very bottom, in the other at the very top, of the central nervous system; two lesions cannot possibly be further apart in the central nervous system. Still it may be said that classification, on the principle of dissolution, if true, is of no value; that it is of no use making an orderly ascending series from progressive muscular atrophy to insanity—of no use showing that progressive muscular atrophy is reduction to a more automatic condition in a small corner on the lowest level, that hemiplegia is such reduction on a larger scale higher up, and that insanity is such a reduction on the topmost level, and on the largest scale,—that even if this kind of work could be thoroughly well done it is not worth any one's while to do it. I grant that such a classification is not of direct value, but yet I think it of much indirect value for clinical purposes. We require in our profession two kinds of classification. The use of two classifications may be easily illustrated. There is a classification, or strictly an arrangement, of plants by the farmer for practical purposes, and there is a classification of plants by the botanist for the advancement of biology. I submit that there is no more incongruity in classing together progressive muscular atrophy and insanity upon the basis mentioned than there is in classifying the bamboo with common grass, or the hart's tongue with the tree fern in a botanist's garden. Such kind of classification of plants would be absurd in a farm or kitchen garden, and so would a classification of diseases of the nervous system upon the principle of dissolution be absurd in an asylum or in the wards of a hospital. I know of no other basis on which cases of insanity, diseases of the highest centres, can be studied comparatively with non-mental diseases of the nervous system—diseases of lower centres.

I next speak of different depths of dissolution. The deeper the dissolution the shallower the level of evolution remaining. In hemiplegia, owing to lesion of the internal capsule, there are, according to the gravity of the lesion, three degrees or depths (of course the division into three degrees is arbitrary). In the first degree there is some paralysis of the face, arm, and leg; in the second degree there is more paralysis of these parts, and, in addition, there is a greater range of paralysis; the patient's head and eyes are turned from the side paralysed. Here is illustrated what I call "compound order." The difference between the two degrees is not that in the second there is more paralysis only, nor that there is a greater range of paralysis only, but in both respects; there is more paralysis of the parts affected in the first degree and extension of range of paralysis to parts beyond them. An adequate doctrine of localisation has to account for such increase of paralysis in compound order on increasing gravity of lesions. In the third degree of, or rather beyond, hemiplegia there is universal immobility. In this degree the patient has lost consciousness, and this loss may be said to explain why he does not move the other or "second" side of his body. I hope to show later that explanations of materialistic states by psychical states are invalid. I wish here to bring evidence in support of the opinion I have long held, that all parts of both sides of the body are represented in each half of the brain. The view I take is simply an extension of Broadbent's hypothesis, already referred to. My supposition is that the limbs of the two sides are very unequally represented in each half of the brain, whilst the bilaterally acting muscles are very nearly equally represented in each half. Evidence that at least some parts of both sides of the body are represented in each half of the brain is that consecutive to a negative lesion of one internal capsule there is wasting of nerve fibres "descending" into both sides of the spinal cord.

Degrees of epileptiform seizures illustrate different depths of dissolution. There are degrees of these from, to take an example, spasm of the thumb and index-finger to universal convulsion.[2] That these degrees are compound is very evident. The first stage of the fit is, to speak roughly, that the arm is a little affected; the second stage is that the arm is more affected, and the face a little; the third stage is that the arm is most affected, the face much, and the leg a little. This compound order of spreading, which any adequate doctrine of localisation has to account for, may be symbolised thus: a, then a_2+f, then a_3+f_2+l, &c. There are degrees beyond this to universal spasm; these cases I submit supply further evidence that both sides of the body are represented in each half of the brain. Certain experiments of Franck and Pitres[3] bear in a most important way on the question as to double representation. After exposing the so-called motor region[4] of each half of the brain of a dog they removed the motor region on one half, and then found that faradisation of the "arm-centre" on the half intact (left) produced universal convulsion; they found, too, that the spasm followed a particular order—that it affected the right arm (so to call it), then the right leg, then the left leg, and

[2] I am not speaking of epileptic attacks, which depend, I think, on discharges beginning in parts of centres of a higher, the highest, level of evolution. A man long subject to very limited epileptiform seizures may at length have seizures beginning in the same way, and becoming universal, but these are not epileptic seizures, they are only more severe epileptiform seizures.

[3] Arch. de Phys., 15 Août, 1883, No. 6.

[4] I say "so-called motor region" not because I deny that the parts in this region are motor—I call them the middle motor centres,—but because I believe the parts in front to be motor also, to be the highest motor centres.

then the left arm.[5] Here seems to be evidence that both sides of the body are represented in each half of the brain, and also that the two sides are differently represented in each half. The distinguished French physicians to whose observations I have referred hold, I must mention, that "le cerveau commence l'attaque, la protubérance, le bulbe et la moëlle la généralisent." If this be so, still proof is given that movements of all parts of the body are under command of, if not represented fully in, each half of the brain. This is a matter of extreme importance for the doctrines of evolution and dissolution. The evidence, as I read it, is that the middle motor centres (a discharge beginning in parts of which causes epileptiform seizures) of each half of the brain represent movements of both sides of the body. Other facts will, I think, show that the highest motor centres re-represent in more intricate combinations all that the middle centres have represented in simpler combinations; a discharge beginning in part of these more evolved centres produces an epileptic seizure, which is, so to speak, a "more evolved convulsion" than an epileptiform seizure.

[In the remainder of the lecture many degrees of aphasia were instanced, to illustrate again different depths of dissolution and different shallows of evolution remaining, and also to illustrate the dual symptomatology of disease. The wrong words uttered by a patient who has "defect of speech" are owing to activities of healthy nervous arrangements, whilst the disease is answerable only for the patient's not saying the right words. The states comparable in a case of "defect of speech" with the states in the case of another aphasic who can only say "No" are: (1) negatively, the inabilities in the former to say the right words with the latter's speechlessness, and (2) positively, the utterance of numerous wrong words by the former with the retention of "Yes" and "No" only by the latter. In the former the dissolution is slight, and the level of evolution very high; in the latter the dissolution is deep, and the level of evolution very shallow.]

ON CYSTS AND CYSTIC TUMOURS OF THE BREAST.

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No. I.—Glandular Cysts.

CHARLOTTE A——, aged forty-one, was admitted into St. Bartholomew's Hospital under my care on April 28th, 1882. She was a single woman, who had noticed some few months previously a swelling in the right breast for which she could not account, for she had not received any injury. The swelling had increased in size without pain or any other inconvenience than a bloody discharge from the nipple, which had commenced about ten weeks before her admission. She had ceased to menstruate ten months previously. She was a thin, wiry woman, with an appearance of good general health. In the right breast was a tumour of roughly pyramidal shape, with the apex near the nipple and the base at the upper part of the gland. It was very variable in consistence, soft and fluctuating in some parts, firm or even hard and nodular in other parts. On pressure a bloody thin fluid could be squeezed out through one of the upper galactophorous ducts, and she was compelled to keep a thick layer of wool or lint over the nipple to suck up the discharge which, almost perpetually, flowed from it. The skin was not adherent, nor was the tumour adherent to the pectoral muscle. The nipple was not at all retracted, nor was there any enlargement of the axillary glands. The tumour was not so well defined as is usual with non-malignant growths. Removal of the disease was contemplated, but the patient refused an operation, and, without even giving us an opportunity of examining the fluid, left the hospital.

There can be no doubt of the nature of this case. The patient had a glandular cyst, or rather, probably, a group of glandular cysts, developed from a dilatation of the ducts and acini of the mammary gland. The case is typical, too, of one particular form of glandular cyst, that described by Rogeau,[1] who found in the dissection of two similar cases that the galactophorous duct connected with the affected lobe was partially occluded by a small papillary tumour which grew on the internal surface of the duct. In nearly all its principal features the disease corresponded with the tumours described by Rogeau: in the pyramidal shape of the tumour; in the frequent discharge from the nipple; in the effect of pressure on the breast; in the variable consistence of the tumour. I am sorry that I had not the opportunity of confirming his observation on the presence of a papillary growth in the larger galactophorous duct. In both the cases reported by Rogeau the tumour was formed apparently as the result of a violent blow, but this was not so in the case described above.

A second case of a very similar kind came under my care during the course of last summer. There was the same pyramidal shape of the tumour; the same discharge from the nipple; the same increase of discharge on pressure on the breast; the same variable consistence of the growth. But the patient was much younger (twenty-six years), and the other breast was enlarged and irregularly indurated; there was also a second or even a third tumour in the breast which contained the glandular cyst. For these reasons it was not thought expedient to operate.

Glandular cysts are, as might be expected, the most common of the simple cysts to which the breast is subject. They may be developed either in the ducts or in the acini, but they are rarely formed by dilatation of the main ducts. The cause of their formation varies considerably; they may be associated with such a papillary growth as that described by Rogeau, or with inflammation of the connective tissue around the glandular apparatus, or they may occur in the breasts of old women ("involution cysts"), probably in connexion with degenerative changes. They are in many instances single, but in cases of the kind described above, a cluster of cysts is formed by the dilatation of all the glandular apparatus connected with one of the main ducts, and although these cysts communicate, they do not readily do so, but only through the medium of the smaller or larger ducts. Multiple glandular cysts are, again, common in the breasts of aged women, where they have been referred to as "involution cysts." They do not communicate with one another, but are scattered through the mammary gland. Even those which are not due to the formation of growths within the ducts often contain growths, and present some of the best examples of the simplest form of proliferous cysts. In two instances I have seen a single cyst so nearly filled with intra-cystic growths that it was very difficult to perceive its true nature. Both cases occurred in St. Bartholomew's Hospital, one eight, the other five years ago. The women who suffered from them were mothers of many children; but one was forty-five, the other sixty-two years old. In one case the tumour had existed nearly three years, in the other it had been noticed only a few months. The tumour was not in either case near the nipple; but in the older woman the nipple was slightly retracted, and in this woman the skin covering the tumour was dusky, and there was a hard cord running up towards the axilla. The growth in each case was about the size of a bantam's egg, and was freely movable in the breast. Both the tumours presented almost identically the same characters after removal: a thick wall, from the inner surface of which a vast number of small, brown, vascular growths projected, filling the interior of what had evidently been a cyst so completely that there was only space enough for a few drops of brown turbid fluid. The intracystic growths were examined microscopically, and proved to be papillomatous, and the tissues of the breast immediately surrounding the cyst were quite free from every sign of tumour disease. But the appearance of these cysts was so suspicious that I went last year to see the women to discover whether the disease had, in either of them, returned. They were, however, both alive and well, and had not suffered from recurrence.

Glandular cysts vary much in size, some of them being no larger than a tiny nut, or even a hemp-seed, while others form tumours of very considerable bulk. They are, for the most part filled with fluid, which may be clear and limpid, or may be deeply blood-stained, or brown and turbid, or viscid, or quite thready. Whatever have been the physical characters of this fluid, all the records of examinations of it show that it is albuminous, and coagulates readily with heat and nitric acid.

[5] "L'epilepsie peut donc se généraliser malgré la destruction préalable de la zone motrice d'un côté, malgré la section longitudinale complete du corps calleux." (Franck and Pitres.)

[1] Sur une Variété Spéciale de Kystes par Rétention de la Glande Mammaire. Thèse de Paris, 1874.

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Although these cysts occur in women who, in many instances are still bearing children, they rarely, if ever, contain milk or a fluid at all resembling milk. This is remarkable, when it is borne in mind that they, like the milk-cysts, are developed from changes in the glandular apparatus. The changes in the two cases are, however, essentially different. The milk-cysts are formed almost always in the breasts of women who are pregnant or are suckling, whose milk-forming apparatus is in full activity, and, to a certain extent, in good order, but who, from a defect in one of the ducts, cannot discharge the milk which they are naturally forming. The cyst is formed by a dilatation of one of the main ducts of the gland.

The glandular cysts are formed, there is every reason to believe, as a consequence of changes in the epithelium of the acini or smallest ducts, abnormal changes which are excited in not a few instances by a severe blow or similar injury. The intra-cystic growths probably owe their origin to the same epithelial irritation, which at one point leads to the secretion of fluid, and at another point to the proliferation of cells and to the formation of papillary growths. In some instances there is a contemporaneous affection of the surrounding structures, and, as a consequence of this, the secretion formed in the diseased gland apparatus is prevented from escaping from the breast. But this is not by any means invariable, as the first case in this paper shows; for the secretion may escape almost continuously through one of the galactophorous ducts, which may be quite healthy, or may be involved in the disease and be partially occluded at one or more points by a papillary growth. Labbé and Coyne[2] teach that the formation of glandular cysts is due to morbid changes in the tissues surrounding the glandular apparatus of the breast, chiefly to contraction, either in the process of organisation or after inflammation. But this is quite impossible. A cyst can never be produced or increased in size by the growth or cicatrisation of the surrounding tissues. It can only be produced or increased in size by the increase or alteration of its contents. A cyst may be changed in shape, or greatly diminished in size, or even obliterated by growth and contraction of the surrounding tissues; but such changes are absolutely opposed to the enlargement of a cyst. If they co-exist with the formation of a cyst, they must be more than counterbalanced by the intra-cystic changes upon which the presence and enlargement of the cyst depend. The position may be illustrated in a very simple manner by taking a bladder and half filling it with air or water. Now, add to the thickness of its coats by covering it with leather or with cloth, and put heavier or thicker stuff on one side than the other, and bind the whole round tightly with cord or strips of some strong and unyielding material. You may by these means succeed in altering the shape of the bladder, may cause it to bulge in at certain points, perhaps diminish its capacity by compressing its contents within a smaller compass, but you cannot enlarge its capacity, nor could you do so if you were to increase the thickness of the surrounding material a hundredfold, or were to use stuffs of a hundred different textures.

I should scarcely have thought it worth while to attack the theory of Labbé and Coyne but the same theory is put forward by Follin and Duplay,[3] and it appears to be accepted by the French school of pathologists.

I have by me notes of nearly five-and-twenty cases of various forms of gland cyst which have been under my own observation or have been collected from surgical literature. In half of them there was a discharge from the nipple, and in most of these the discharge was very abundant. Fluctuation could be clearly made out in many cases. With the exception of the second case mentioned in this paper, all the patients were more than thirty-five years old, and half of them were between forty and fifty years. Most of the women had married and had borne children, but the formation of the cysts was not, in any way, associated with the bearing or suckling of the infants. Yet one of the patients did think that the occasional sucking of a child, which she had weaned eight months before the tumour first was noticed, had perhaps excited the affection of her breast. In half a dozen cases the cyst began to form quickly after the breast had been violently struck, but in quite as many cases the patients were quite sure that they had not received the slightest hurt.

The diagnosis of such cases as the first by which this paper is illustrated cannot be difficult. The shape of the tumour, the discharge from the nipple, the absence of all the signs which denote malignancy, and the age of the patient, are characteristic of a glandular cyst or cysts. The knotty feel of the tumour, due to induration of the surrounding tissues or to the presence of intra-cystic growths, may lead to the belief that the growth is a cystic sarcoma or even a carcinoma; but attention to the essential characters which have been described will prevent so serious a mistake. The diagnosis of all cases of gland cyst, however, is not so clear. Those cysts which are wholly or almost wholly filled with intra-cystic growth may, as has been shown, be very difficult, if not impossible, to distinguish, and may even closely simulate carcinoma. The small involution cysts are also very difficult to distinguish from carcinoma in a few instances, but much more often they do not give rise to any discomfort, and the swelling and induration with which they are associated are so slight that they are not discovered during the patient's life. It is probable that they lie unnoticed in the breasts of many women towards the close of life, and are much more common than they now appear to be. I am afraid there are no certain signs from which the diagnosis can be made in the most perplexing cases. Often, however, the presence or absence of a familiar symptom of cancer will attach suspicion to a tumour of the breast which might otherwise be held to be surely cancer, and this suspicion will enjoin prudence both in hazarding a diagnosis and in operating without first incising the breast to discover the real nature of the disease.

The results of treatment are singularly happy. Not only is the disease curable, but it may be cured with very little danger. The mere laying open of the cavity and the insertion of a drainage-tube will in some persons suffice to effect a cure; but this method cannot be relied on, and therefore cannot be strongly recommended. The more solid cysts cannot, of course, be treated thus; nor is incision suitable for cases of multiple cyst. The surest method of treatment is to excise the cyst or cysts, or if the breast be full of cysts, to remove it. My records tell of complete cure in every case which has been followed up long after operation, no matter how threatening the disease appeared at the time when the excision or amputation was performed. No fatal case occurred among the twenty patients who were operated on, and, provided thorough drainage be obtained, even amputation of the breast is very little dangerous, for these operations must not be compared with removal of the breast for cancer, where large operations are performed and the axilla is frequently laid widely open.

If the presence of many involution cysts be diagnosed in the breast of an elderly woman, and the disease does not give rise to serious inconvenience, there is no necessity for active treatment. Indeed, gland cysts might often be left untreated were it not that the presence in the mamma of a tumour of any kind excites apprehension of the worst dangers in the minds of the patient and her friends.

Queen Anne-street, W.

[2] Traité des Tumeurs Bénignes du Sein. Paris, 1876.
[3] Path. Extern., 1878.

ON PERICARDITIS IN CHILDREN.

BY HENRY ASHBY, M.D. LOND., M.R.C.P.,
PHYSICIAN TO THE GENERAL HOSPITAL FOR SICK CHILDREN, MANCHESTER, AND LECTURER ON DISEASES OF CHILDREN AT OWENS COLLEGE.

PERICARDITIS occurs so much more commonly in association with acute rheumatism than with any other disease, that its occurrence at any age or in any locality depends very much upon the prevalence of that disease. Judged from this standpoint it cannot be said that pericarditis is a very common disease in children, for, in the first place, acute rheumatism is a rare malady during the period of the first dentition; and, in the second place, the rheumatism of children under puberty assumes altogether a milder form and more subacute character than is usually seen in young adults. It is hardly necessary, however, to insist that the occurrence of peri-endocarditis has no relation to the amount of joint pain or the number of joints affected, that, indeed, cardiac lesions may occur early in the disease before any of the joints are attacked, and that the rheumatism of children in proportion to its frequency gives rise to as much heart disease as, if not more than, the rheumatism of adults.

That rheumatism is not common in infancy is the experi-

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ence of most. Rauchfuss is stated to have seen but two cases out of 15,000 sick infants, and Widerhofer only one out of 70,000; if this be so, rheumatic pericarditis must be a very rare disease of infants. Bright's disease, another comparatively common cause of pericarditis, is of rare occurrence in infancy, though the œdema of the face and extremities, common in diarrhœa, congenital syphilis, and other wasting diseases, is often mistaken by the unwary for the œdema of nephritis; but it is, for the most part, due to a hydræmic condition, and a slow circulation, of blood.

Nevertheless, pericarditis does undoubtedly occur in infancy from various causes, and it is probably overlooked oftener than is supposed. Under what circumstances does it occur in children under the age of two years? In the first place pericarditis sometimes takes place as the result of a septicæmic condition in newly-born children, following phlebitis or absorption of putrid material from the cord, and thus resembles the pericarditis which is apt to accompany pyæmia with more or less frequency at all ages. It also sometimes follows suppurative periostitis and ostitis in young children, probably here also being associated with septicæmia. It occurs also in infants in connexion with a tuberculosis of serous membranes, part of a more general tuberculosis, and very probably also including the mediastinal glands. Pericarditis under these circumstances is not of great practical interest, inasmuch as it forms a subsidiary lesion in wide-spread and necessarily fatal diseases. Of much more practical importance is the pericarditis which is either idiopathic or is associated with a simple pleurisy, empyema, or pleuro-pneumonia, and which gives rise to effusion, generally purulent. Pericardial, like pleuritic, effusions, much more frequently become purulent in children than in adults, and given the signs of fluid in the chest in a wasted and pallid child, and evidence that the fluid is of some standing, a diagnosis of empyema may be safely made, and will only exceptionally prove incorrect.

As illustrations of purulent pericardial effusion in young children, I may give some short details of two of my cases. A wasted and fretful infant, four months and a half old, was brought to the Children's Dispensary last winter, on account of a small, fluctuating swelling, the size of a walnut, situated at the tip of the ensiform cartilage. The skin over the swelling was thin; there was some dulness in the left chest and over the sternum. The infant had some dyspnœa, and had been feverish. The mother attributed its illness, which had lasted some weeks, to vaccination, but no connexion could be certainly traced. The abscess was opened, pus escaped, and continued to drain away for a few days, when the infant died somewhat suddenly. The post-mortem, which was made by Mr. T. C. Booth, medical officer to the dispensary, revealed the fact that the abscess in the abdominal wall communicated with the pericardium, which contained about a fluid ounce of pus, and was the result of burrowing towards the surface on the part of the abscess contained in the pericardial cavity. The case reminds one strongly of a chronic empyema forcing its way through the intercostals, and burrowing beneath the fascia and skin to some distant part. Somewhat similar cases to this have been reported, where a purulent pericarditis discharged under the left clavicle, and another in the second right intercostal space.

The following case, taken in connexion with the above, is of much interest. James H——, aged eighteen months, was admitted to hospital in July, 1883, with a history of cough, wasting, and diarrhœa of about six weeks' standing. He was a thin, wan, miserable child, with some dyspnœa and slight fever (temperature 99° to 100° F.). The left side of the chest moved less than the right; anteriorly the resonance was much impaired, and over this area there was intense bronchial breathing, which was less marked in the axillary region; posteriorly there was also much diminished resonance, intense bronchial breathing above, weaker at the base. The area of the cardiac impulse was more extended than usual, it could be seen and felt in the normal situation, also near the left edge of the sternum and in the epigastrium. In spite, however, of the bronchial breathing and the dulness, which was not absolute, it was thought well to explore. This was done by Mr. Chaffey, who passed the aspirating needle into the eighth space near the angle of the scapula, and withdrew rather more than an ounce of thick pus, the flow then suddenly stopped, the cannula appeared to be in a large cavity but no more pus flowed. After the aspiration the chest both anteriorly and posteriorly became more resonant, the bronchial breathing disappeared, and air seemed to be entering the lungs. Four days afterwards the physical signs in the chest again resembled those noted on the day of admission, the chest was again aspirated, two ounces of pus being withdrawn, with the effect of again allowing the air to enter the lung. Four days after the child died rather suddenly. At the post-mortem the right lung had some patches of collapse and emphysema, but was otherwise normal. The left lung was completely adherent to the chest wall by firm adhesions, which were torn through with difficulty, the lung itself was collapsed and airless except near the apex, its anterior edge was adherent to the pericardium in front, it was one inch and a half thick posteriorly, and half an inch thick laterally. The pericardium was distended with over two ounces of purulent fluid containing flakes of lymph, the surface of the heart being covered with membrane. The heart itself was pale and flabby; there was no tubercle on the surface, no endocarditis, or other lesions of importance elsewhere. It was clear that during life no pus was present in the pleural cavity, inasmuch as it had been obliterated by a past pleurisy, but that the collection of pus in the pericardium had compressed the lung against the chest wall and produced the physical signs which had been mistaken for an empyema. The trocar had passed through half an inch of collapsed and adherent lung and entered the distended pericardium.

Probably in doing what we did, we did the best thing possible under the circumstances, although our diagnosis was at fault. A similar error in diagnosis was made in a case reported by Labric (see Dr. J. B. Roberts on Paracentesis of the Pericardium), who tapped the pericardium of a boy aged six years, removing from it sixteen ounces of pus, under the impression he was tapping the left pleura; the trocar was entered in the fifth space, an inch and a half outside the nipple. The boy died, though apparently this result was unconnected with the tapping; at the post-mortem the left lung was found adherent to the chest wall and the pericardium distended with pus. The diagnosis was fluid in both pericardium and the left pleural cavity. Roger, in his "Recherches Cliniques sur les Maladies de l'Enfance," mentions a case of purulent pleuro-pneumonia, in which he found to his surprise at the post-mortem that the pericardium was distended with sero-purulent fluid. He also mentions a case of Guersant's, aged three years, who was thought to have a pleuritic effusion, on account of the left side, both back and front, being absolutely dull, yet at the post-mortem the pericardium was enormously distended, compressing the lung. In all cases of fluid in the left chest the most important point for diagnosis is the position of the cardiac impulse, as a very small amount of fluid in the pleura will displace the heart. In my own case I believed the pus to be confined to the base and localised by being surrounded by adhesions, and the fact of the epigastric pulsation favoured the idea that the heart was slightly pushed over. This case serves to show how in children, especially young children, it is easy to overlook the presence of fluid in the pericardium.

Pericarditis occurring in children over three or four years of age is more frequently rheumatic in origin than due to any other cause, although cases of pericarditis associated with pleuro-pneumonia or empyema in children free from rheumatic taint are not uncommon. It is important to remember that the inflammation of the pericardium may precede instead of follow the joint pain, that the swelling and tenderness may be confined to one or two joints, like the fingers or wrist, and that possibly no lesion of the joints may take place. The subjective symptoms of pericarditis in children are often slight, so that sometimes we may stumble across a pericardial rub without having from the symptoms expected its existence.

It is stated in many of the text-books that pericarditis is apt to follow some of the zymotic diseases, especially scarlet fever. This does not often happen, as far as I have had an opportunity of observing, scarlet fever not being a frequent producer of either pericarditis or endocarditis, in spite of its occasional complication with joint affections. Broncho-pneumonia is a very frequent complication in fatal cases in young children. A certain nodulation of the edges of the mitral valve, caused by swelling of the connective tissue between the layers of the endocardium, is common enough; but true endocarditis is rare, though faint bruits during the course of the disease not infrequently occur. Endocarditis occasionally follows acute scarlatinal nephritis, while pericarditis is very rare, the commonest cardiac lesion being acute dilatation.

(To be concluded.)

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A CASE OF OPIUM POISONING.[1]

BY DAVID W. FINLAY, B.A., M.D., M.R.C.P.,
ASSISTANT-PHYSICIAN TO THE MIDDLESEX HOSPITAL AND LECTURER ON FORENSIC MEDICINE IN THE MEDICAL SCHOOL.

THE record of the following case is interesting and instructive chiefly on two grounds—firstly, as showing how near may be a fatal termination, and yet recovery ultimately take place under vigorous and persistent treatment; and secondly, on account of the apparently antidotal effect of subcutaneous injections of atropia.

Alfred S——, a stableman, aged thirty-six, was admitted into the Middlesex Hospital, under my care, at 10.15 P.M. of Nov. 17th, 1883. Twenty minutes before admission he had swallowed, in mistake for porter, a draught intended for a horse, which contained a quantity of tincture of opium and compound tincture of camphor, equal to seventeen grains of dry opium. When brought to the hospital he was unconscious, but was breathing fairly, with a good pulse; his pupils were contracted to the size of pin's-heads. While the stomach-pump was being got ready, the breathing, which had been gradually becoming slower, ceased altogether, and he became deeply cyanosed. Artificial respiration and faradaism were then resorted to, which had the effect after a few minutes of restoring respiration, and with this a return of natural colour to the face. The stomach-pump was then passed and the stomach well washed out, the returning fluid being at first of a brown colour, and containing but little solid material. After this his breathing failed a second time and rendered a return to artificial respiration necessary. This was kept up for an hour and a half, and its effects aided by faradaism and flicking the face and chest with wet towels. The stomach was again washed out and about half a pint of strong coffee introduced into it. An enema of brandy was also administered. Improvement again ensued, and he was walked briskly up and down the hospital corridor for about three-quarters of an hour, after which he was able to swallow some coffee and brandy. Even then, however, he relapsed if left alone for a moment, and he was accordingly walked up and down the garden for half an hour. Till now his pulse had been pretty good, but on returning from the garden it was found to be small and weak, numbering 140 in the minute, and he relapsed into a condition of profound unconsciousness. The respirations were now only two in the minute. The condition of his breathing, however, was speedily improved by a further recourse to artificial respiration, and his pulse by a subcutaneous injection of ether. As the respirations speedily sank again to two in the minute when artificial respiration was omitted, it was decided to try the effect of atropine, and accordingly one-sixtieth of a grain of the sulphate was injected subcutaneously and repeated in half an hour. His respirations, a few minutes later, were found to be fully doubled on the average. They were irregular however, as he had several respirations one after another, followed by a period of apnœa. The pupils also were soon noticed to be less contracted. If left alone he immediately lapsed into a deeply soporose condition, but could be roused by two or three sharp slaps on the face. After this compelled exertion was again employed, and about 4 A.M. (Nov. 18th) he was taken into the ward and put to bed, an enema of beef-tea and brandy being given. He was now able to tell his name, and he swallowed about an ounce and a half of beef-tea and brandy. His respirations after this varied between six and ten per minute, and he was prevented from falling into a deep sleep and freely stimulated with brandy. At 11 A.M. he was found to be much improved, and could answer questions intelligently, although still sleepy. The respirations were then from ten to twelve per minute. From this time till 2 P.M. there was little change, except that in the interval he had several attacks of vomiting. The note made at 5 P.M. states that he had vomiting again, and the respirations were fourteen per minute. At 9 P.M. the temperature was 99·4°; respirations 20, and he had again vomited. On the following morning (Nov. 19th) his temperature was 99·2°, he had vomited only once during the night, and had slept well. He complained, however, of a dull headache, and general aching and soreness. His urine was acid, had a specific gravity of 1015, and contained one-eighth of albumen. His pupils were noticed to be abnormally large. The evening temperature was 100°. Next day he was much better although still somewhat drowsy; his temperature was normal, and his pulse 76. On the 22nd his bowels were opened naturally and his appetite was improving, the temperature being rather below the normal, 97·8° in the morning, and 97·2° in the evening. Next day he suffered a little from headache, but the bowels were open and the urine was found to be free from albumen. He was now able to be up out of bed, and he improved rapidly, his pupils gradually became smaller, and he was discharged well on Nov. 28th.

The symptoms which followed the man's recovery from immediate danger were such as are commonly found in cases of opium poisoning. He had the nausea and sickness, with headache, anorexia, and slight albuminuria. Contraction of the pupils was replaced at first by slight and afterwards by marked dilatation, which lasted for some days, and was no doubt due to the atropia injections. This opens up the question of the atropia favourably influencing the course of the case, and it seems more than probable that it had this effect. It is certain, at all events, that a marked improvement in the condition of respiration almost immediately followed the injection of atropia, and from the subsequent dilatation of the pupils there could be no doubt that it had produced some physiological action. It was obvious that the patient was in danger of death more from apnœa than from cardiac failure, and was consequently in the state most likely to be benefited by the antagonistic action of atropia; for many observers are agreed that there is a real antagonism between the two poisons, in the human subject at least, in their action upon the respiratory centre. It is worthy of note in connexion with this view that recourse to artificial respiration was not required after the injections.

I should mention, in conclusion, that the satisfactory result of the case was due mainly to the prompt and energetic action of the resident medical officer, assisted by the other resident officials of the hospital.

Montagu-street, W.

[1] Read at the Medical Society of London on March 24th.

TREATMENT OF MORPHIA HABITUÉS BY SUDDENLY DISCONTINUING THE DRUG.

BY S. A. K. STRAHAN, M.D.,
ASSISTANT PHYSICIAN TO THE NORTHAMPTON COUNTY ASYLUM.

DR. B. W. RICHARDSON, in his recent paper on "Morphia Habitués and their Treatment," read before the Medical Society of London, called attention to what is undoubtedly a growing disease in this country. Twenty years since an opium-eater was, like an honest man, "one picked out of ten thousand," but nowadays I would venture to say there are few practitioners who do not know of at least one case of this vicious habit. As yet there seems to be some doubt as to the best mode of treatment in such cases, some believing with Dr. Richardson that where the habit has become deeply rooted the drug should be taken away gradually, and others that in all cases its sudden and total discontinuance gives the best result. To settle the question we must compare the results of the different modes, and to do this it is necessary that we have records of cases. Dr. Sharkey has given a most minute and interesting account in these columns of an extreme case, and I would put forward the present in a condensed form on the same side, hoping that it, also, may prove interesting, more especially as it displays some of the rarer symptoms noticed by Dr. Richardson as being found in morphia habitués, including general weakness of the mind accompanied by a strong desire for lying.

My patient was an American lady of means, single, aged twenty-nine, and had acquired the habit in her own country three years before. She was markedly phthisical, having been first ordered morphia for some pulmonary trouble, and it is worthy of note that though a very delicate woman, she came well through the no doubt severe trial of the sudden removal of the drug and began to make flesh within eight days. It is also to be noticed that my patient all along administered the drug to the system, not, as is usually the case, hypodermically, but through the stomach, swallowing the morphia as a powder followed by a mouthful of water. She stated that without the morphia she was weak, languid, listless; without energy or desire,

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and that almost immediately after her morning dose, which she took fasting, she was inspired with new life and energy. During the three years which she took the drug she made two attempts at giving it up, but she "felt so weak and ill and miserable, and suffered from such severe headache and vomiting," that she had to go back to the habit despite her resolution. Beginning with minute doses, she n three years increased the dose to above eight grains of the acetate of morphia in the day. It all along caused constipation, for which she regularly took saline aperients, and she stated that it never made her dull or sleepy, although she could not sleep without it. During the last two years she had used belladonna in consequence of the action of the morphia on the pupils, and at periods of about three months she had suffered from severe bilious attacks accompanied by headache and the vomiting of bilious matter, which attacks she ascribed to the action of the morphia. She bought the morphia by the ounce, and "kept it in a bottle, taking her doses at all times by guess, and only taking a big dose when she felt that she needed it." She consumed an ounce every two months during the last year, "or in rather less time towards the end." On her showing me the bulk of her dose, it appeared a very good guess for five grains, and this dose she had taken morning (fasting) and evening (bedtime) daily. An ounce in two months gives eight grains a day for sixty days. On Sept. 17th she experienced for the first time pleasing and beautiful visions. These took the form of pictures, statuary, &c., with vague but gorgeous surroundings; and some "power"—not voices—explained, or, rather, enabled her to appreciate, all their wonderful and strange beauty. These visions appeared while she walked or wandered in a public park, and recurred on the following day, she having taken a large dose of the morphia, and again sought the magic shades of the park. This repetition of the increased dose and second wandering in the park point to a certain amount of volition in these visions, or at least to a total absence of any desire to shake off the strange but pleasing sensation. She was on this second day picked up in a dazed or stupid state, and on a bottle labeled "morphia" being found in her pocket, she was first charged with attempting suicide, but afterwards was certified as insane and sent to an asylum. From this time (Sept. 18th) she had no morphia or other hypnotic or sedative except on the evening of the tenth day, when she had a draught containing fifteen grains of chloral and thirty grains of bromide of potassium. The symptoms appearing after the discontinuance of the drug were, with the exception of hyper-sensitiveness of the skin, which was not noticed, almost identical with those so minutely noted by Dr. S. J. Sharkey in the record of his case which appeared in THE LANCET of Dec. 29th last, and need not here be repeated. She was at first restless and sleepless, suffering much from a feeling of extreme weakness, frequent vomiting, headache, severe burning pain in the stomach, complete anorexia, constant but not alarming diarrhœa, and rather profuse general sweating; hiccough was not very troublesome, but was noticed by the patient. A mixture of carbonate of bismuth with ginger and orange was ordered, which quieted the stomach considerably. The appetite was on the sixth day fairly good, and soon became very sharp. The diarrhœa continued in a mitigated form for over sixteen days, and gradually disappeared. She improved daily, and in thirty days gained twenty-three pounds in weight. Mentally she was on admission suffering from a low form of mania bordering on dementia; in fact, her mind and body were in much the same state—viz., extreme general debility. She had delusions of a vague character at first, but these disappeared in a few days and left her mind quiet but very weak. She was listless, dull, and apathetic in the extreme, often cried, but had occasional short periods of exaltation. Finally, with regard to the truthfulness of her statements, I found she was, to put it mildly, most inaccurate in many things, although on other subjects she spoke truthfully and honestly. There did not seem to be any aim or end in view to account for these perversions of fact, yet it was noticed that many of these tales tended rather to show her own superiority mentally, socially, and otherwise.

The patient was discharged from the asylum on Oct. 30th, apparently recovered, looking infinitely better than on admission, eating and sleeping well, and with no desire, she said, for a renewal of the morphia eating.

Whether she relapsed I cannot say, as I have not since been able to discover her whereabouts.

Northampton.

THE

SUBCUTANEOUS INJECTION OF MORPHIA.

BY C. EGERTON JENNINGS, L.R.C.P. LOND.,
ASSISTANT-DEMONSTRATOR OF ANATOMY IN THE UNIVERSITY OF DURHAM COLLEGE OF MEDICINE.

BARTHOLOW writes with much earnestness[1] on the superiority of extemporaneous over permanent solutions of the alkaloids for hypodermatic medication, and he adduces a powerful argument against those of the latter character—viz., their rapid tendency to deteriorate from the development of the penicillium, which grows partly at the expense of the alkaloids, and hence whilst such solutions increase in turbidity they decline in power. But there is a still more cogent reason against the employment of permanent solutions of morphia. Everyone is aware that apomorphia, which is a speedy emetic, even in minute doses, differs only in formula from morphia in containing a molecule less of H_2O, and whilst many practitioners have been disagreeably surprised by the prompt emesis consequent on the subcutaneous injection of "morphia," few actually realise the fact that morphia, kept in solution for some weeks, decomposes and yields apomorphia. In order to prove chemically the point at issue, which is unfortunately every day being illustrated physiologically, I have, with the kind assistance of Professor Bedson, recently conducted a series of experiments on various preparations of morphia, apomorphia, and their salts. Nitric acid and perchloride of iron, excellent reagents though they be for discriminating between morphia and apomorphia when separate, are quite valueless for detecting traces of the one when mixed with a comparatively large quantity of the other. Solutions, even the most dilute, of apomorphia and its salts, on being boiled

with excess of caustic potash, oxidise rapidly and turn brown, whilst solutions of morphia do not, and this appears to be the crucial test for traces of apomorphia in the presence of morphia. Less than $\frac{1}{100}$th of a grain of apomorphia can be detected by this method, and the examination of solutions of morphia, of ages ranging between two months and two years, has demonstrated apomorphia in all, the impurity existing in relatively larger quantity in the older and more discoloured specimens, which are notoriously those especially prone to excite vomiting, and therefore certainly unfit for subcutaneous administration. The practical outcome is obvious. In hospital practice, where the consumption of morphia is large, "permanent" solutions may be used freely, since they are in reality "extemporaneous." But in private practice the case is different. Here hypodermatic medication is often not resorted to for weeks together, and the use of extemporaneous solutions is loudly called for. On this consideration I have obtained samples of sulphate and bimeconate of morphia, in the form of Wyeth's compressed tablets, prepared about three months ago. None of the solutions of these tablets, on being boiled with caustic potash, and subsequently agitated with air, turned brown.

The condition of the syringe employed for the operation plays a very important *rôle* in the success of a subcutaneous injection. Though the instrument be periodically inspected by its maker, and the washer frequently anointed and often renewed, so that the piston shall slide properly within the barrel, the syringe is still not irreproachable, for contact of the medicated solution with a greasy piston is surely most objectionable. Recently complaints have appeared in the journals against what is by no means a necessary evil, and a simple means of obviating the difficulty might be found in the adoption of a suitable pipette,

[1] A Manual of Hypodermatic Medication, fourth edition, p. 30, *et seq*

such as that shown, on a reduced scale, in the above engraving. The pipette is graduated in minims, the gradations being three-sixteenths of an inch apart. If longer intervals be needed to ensure very accurate dosage, a tube of smaller calibre should be employed. In charging the instrument more of the medicament must be taken up than is required for injection in order to avoid the possibility of injecting air after the solution. This pipette cannot become disordered like the syringe, since it has no piston, and its cost is trifling.

Newcastle.

ON THE

YELLOW PIGMENTS FOUND IN THE VISCERA IN CASES OF ARSENICAL POISONING.

BY THOMAS STEVENSON, M.D.

IN an interesting communication on the above subject in THE LANCET of the 8th inst., p. 421, Dr. Campbell Brown and Mr. Davies record their examination of a bright-yellow pigment met with in three bodies exhumed after death from arsenical poisoning, and conclude that the pigment resembled one of the products of decomposition of bile pigment. They moreover state that "no proof has ever been adduced, so far as we are aware, that the yellow substance observed in such cases is really sulphide of arsenic." This novel and valuable observation is in accord with what is known of the occasional yellow discharges from the bowels during the course of cases of arsenical poisoning referred to in Dr. A. S. Taylor's "Principles and Practice of Medical Jurisprudence" (third edition, edited by myself, vol. i., p. 257), where it is stated that "the matters discharged from the stomach and bowels have had in some instances a yellowish colour, as it was supposed, from a partial conversion of the poison into sulphide, but more probably from an admixture of bile." The authors of the paper referred to go too far, however, when they assert that no proof has been adduced that the yellow substance met with in exhumed bodies is sulphide of arsenic. Christison ("Poisons") in speaking of the solid particles of arsenic found in the stomach, mentions the brilliant yellowness of the surface of these particles, and adduces four cases of this character which came under his own notice, and adds that in all these he found the oxide as well as the sulphuret of arsenic. In one of these cases, besides the oxide and sulphide, he found sulphuretted hydrogen gas in the stomach. In the case of Margaret Warden, yellow arsenical solid particles floated in the stomach fluids. In the case of Reg. *v.* Jennings (Berkshire Lent Assizes, 1845) Taylor describes how he, in an exhumation case, obtained abundant evidence of the arsenical nature of the yellow substance by means of several reactions, which are given in detail (Guy's Hospital Reports for 1845, p. 187). In another case, Reg. *v.* Garner and Garner, tried at Lincoln in 1863, Dr. Taylor found in a case of exhumation arsenic "partly in a soluble, and partly in an insoluble form, that is, as orpiment or yellow arsenic," the quantity of which he puts as six or eight grains.[1] I well remember seeing these powdery masses of yellow arsenic in one of Dr. Taylor's cases. To these I may add an observation of my own, on the body of Elizabeth Kittle, exhumed in 1872, six months after burial (Reg. v. Kittle, Chelmsford Summer and Autumn Assizes, 1872), where there was extensive yellow staining of the stomach, orange-coloured staining of the duodenum, and also a considerable amount of solid yellow matter in the stomach, gritty to the touch. The yellow portion of this was insoluble in water and could be seen coating the surface of fragments of white arsenic. The yellow matter was conclusively proved by chemical tests to be sulphide of arsenic.

I think there can be no doubt that gritty yellow sulphide of arsenic is not very rarely formed from arsenious oxide in the viscera after death; but this must not be confounded with the yellow substance described by Dr. Brown and Mr. Davies.

Guy's Hospital.

[1] Pharm. Jour., 1862-3, p. 377.

THE West Hartlepool Improvement Commissioners have purchased an ambulance van, and the members of the St. John Ambulance Association in that town have been instructed as to its use.

A CASE OF

MIXED SARCOMA, ORIGINATING IN THE PERIOSTEUM OF THE CLAVICLE,

ATTENDED WITH PYREXIA; DEATH; NECROPSY.

BY CHAS. L. SANSOM, M.R.C.S.,
HOUSE-PHYSICIAN TO THE ROYAL FREE HOSPITAL.

GEORGE E——, aged forty, a farrier, was admitted into the Wynn Ellis ward, Royal Free Hospital, under the care of Dr. Cockle, on November 5th, 1883.

Previous history.—The patient states that he had small-pox fourteen years ago, but gives no account of any other illness. There is no history of any hereditary disease in the family. His father and mother both lived to a great age; his brothers, sisters, and his own children are healthy.

History of present illness.—He dates his attack five months back, when he noticed that his right shoulder began to swell, followed fourteen days afterwards by swelling of his right arm, causing him great pain. The enlargement about and around the shoulder increased until admission, causing slight dysphagia and hoarseness.

Condition on admission.—He is a well-built man, but has the appearance of intense suffering, with his head drawn slightly towards the right side and his right arm supported with the left. Skin perspiring freely; right pupil contracted. On examining the neck (on the right side) a hard mass is felt, extending from a point midway between the pinna of the ear and the mastoid process of the temporal bone, backwards to the superior border of the scapula, and downwards into the axilla, effacing the outline of the clavicle in its middle third, and inwards, displacing the trachea a little to the left. Brawny induration extends from the neck, down the right arm and side as far as the iliac crest; tongue coated with a thick white fur; bowels constipated; slight dysphagia; heart and lung sounds normal; pulse 100, weak and compressible; temperature 104·6°; urine, sp. gr. 1020, containing one-sixth albumen. Ordered milk diet, belladonna liniment to be painted over the swelling, and the following mixture: Tartarated antimony, one twenty-fourth of a grain; solution of acetate of ammonia, half a drachm; tincture of aconite, two minims; camphor water to one ounce; to be taken three times a day.—Nov. 7th: No rest last night, complains of great pain in right arm; pulse 130, weaker; morning temperature 103·2°, evening 102·8°.—9th: Looks much worse; voice almost gone. Pulse 130; morning temperature 100·2°, evening 102·4°; diaphoresis continues. Ordered quinine in two-grain doses every four hours.—10th: Much weaker; pulse 130; morning temperature 104·8°, evening 103°. Dyspnœa gradually increasing in severity; urine and fæces passed involuntarily; is conscious, but cannot articulate.—11th, 1 A.M.: Temperature 105·6°; sinking rapidly; died at 1.30 A.M.

Autopsy, twenty-eight hours after death.—Rigor mortis well marked. Thorax: Lungs slightly œdematous and congested; an old pleuritic adhesion, about the size of half a crown, on the right side. Heart thin-walled and very friable, but no valvular mischief present. Abdomen: Liver fatty; weight 50 oz. Spleen large and soft. Left kidney: Capsule stripped easily. Superficial cortical veins congested, but substance of cortex not diminished in size. A small mass of firm consistence, about the size of a walnut, was observed extending from the cortex inwards. Right kidney normal. On examining the neck, a hard firm mass was found projecting from the middle third of the clavicle, extending upwards to the angle of the lower jaw, backwards to the superior border of the scapula, inwards to the longus colli muscle, displacing the trachea and œsophagus to the left side, and implicating the lower cervical and first dorsal nerves; below, it was continuous with the infiltrated axillary glands, and adherent to the skin along the upper border of the trapezius muscle. Upon removal of the mass, which was not encapsuled, it presented a white appearance, was of hard consistence, and arose from the periosteum of the middle third of the clavicle, the bone itself being healthy; it completely surrounded the subclavian artery, without diminishing its calibre. Brain healthy. The brawny swelling down the arm and side showed no new growth, but was probably the result of lymphatic and venous obstruction. Microscopical examination showed the tumour to be a mixed sarcoma, small round cells largely preponderating. There were several deposits of sarcoma in the kidney.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem estalia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Procmium.

ST. BARTHOLOMEW'S HOSPITAL.

OSTEOTOMY OF FEMUR; WOUND OF POPLITEAL ARTERY WITH SPICULE OF BONE; LIGATURE; GANGRENE; AMPUTATION; DEATH.

(Under the care of Mr. J. LANGTON.)

FOR the report of the following case we are indebted to Mr. J. L. Hewer, late house-surgeon.

George M——, aged nineteen, a milkman, was admitted on March 15th, 1883. He had noticed that "his right knee had been falling in for the last fourteen months."

On examination it was found that the two internal malleoli were six inches and a half apart when the internal condyles of the femur were in apposition, the right malleolus being five inches and a half and the left one inch from the middle line. There was some effusion into the right knee-joint. The patient was otherwise in perfect health, but the deformity greatly interfered with his work, and he was refused membership of a society to which he wished to belong, on account of his crooked legs. Chest signs and urine were normal.

April 14th: The effusion into the knee having quite subsided, Mr. Langton performed MacEwen's operation on the right femur, with Listerian precautions. The bone was harder than usual, but was broken without much difficulty. The limb was put up on a long outside splint, with foot-piece and back-piece for the calf. No bleeding occurred at the operation, but in the evening the wound had to be dressed on account of blood oozing through.—15th to 19th: The wound was dressed nearly every day, as blood-stained discharge oozed through in small quantities.—20th: The granulations of the wound were broken down with a probe, and a short piece of large drainage-tube inserted, as there was some retention. There was a good deal of fluid in the right knee; the joint was clearly not in communication with the wound. Patient did not sleep well, and had a good deal more pain than is usual after an osteotomy.—21st to 29th: The wound was dressed on an average every other day; the discharge was colourless and contained pus cells, but was quite sweet. The patient slept rather better, but had a good deal of pain at times. He seemed decidedly thinner than before the operation.—30th, 8.30 A.M.: The patient lost about six ounces of blood; on exposing the wound the hæmorrhage quite ceased. Pulse 112, weak. 5.30 P.M.: Hæmorrhage to about six ounces. The splint was removed and pressure applied. Pulse 116, weak. To take one drachm of the liquid extract of ergot. 6.30 P.M.: Blood oozed through again; more pressure was applied, and a tourniquet held in readiness. Pulse weak and running. 8 P.M.: Mr. Langton, with Listerian precautions, enlarged the old wound, an Esmarch's bandage having been previously applied. The end of the lower fragment of the femur was found posteriorly, and from it projected a sharp spicule of bone. The upper end of the lower and the lower end of the upper fragment were next sawn off. The popliteal artery was now clearly seen, and on its anterior aspect was a small hole exactly corresponding with the spicule of bone before mentioned; into this hole a probe was passed a short distance, showing that it was really in the cavity of the vessel. The artery was next ligatured above and below the puncture with strong catgut, and the vessel divided between. A good-sized drainage-tube was introduced. Back and long outside splints were used, and the whole limb was enveloped in cotton-wool. 11.30 P.M.: Restless and wandering; vomited twice. Pulse 118, dicrotic.

May 1st: The patient had a fair night; he wandered a good deal. There was no more vomiting. He was fed by enemata. The right foot was cold at times, and then followed by a feeling of warmth. Pulse 138, running. Blood-stained serum from dressings; wound dressed. At 7.45 P.M. the patient had an epileptiform convulsion, lasting forty-five seconds. Pulse 170; temperature 105·6°. An ice-cap was applied. He was very restless and almost unconscious.—2nd: At 9 A.M. the lower part of the leg was of a dusky colour, and in the premonitory stage of gangrene; the foot was white and cold. After consultation, Mr. Langton amputated at once in the ward, at about two inches above the lower end of the upper fragment. The patient, who was unconscious before the operation, died at 8.15 P.M.

Note.—MacEwen's operation of osteotomy of the femur is usually represented to the patient and his friends as being one of little or no danger; but the above recorded case illustrates an accident which might happen to anyone, but which has here occurred for the first time.

NOTTINGHAM DISPENSARY.

CONJUNCTIVITIS FOLLOWING THE APPLICATION OF CALOMEL TO THE CONJUNCTIVA DURING THE INTERNAL ADMINISTRATION OF IODIDE OF POTASSIUM.

(Under the care of Mr. T. DAVIES PRYCE.)

L. D——, a girl of nine years, had been under treatment for interstitial keratitis for a period of four months, at the end of which time she ceased to attend, both eyes having greatly improved. The course adopted was the internal administration of iodide of potassium and perchloride of mercury, with the occasional application of atropine whenever any tendency to fixity of the pupils was observed. Nothing more was seen of her until three months subsequently, when the corneal tissue of both eyes had again become opaque, and the conjunctival vessels more or less enlarged. Iodide of potassium and perchloride of mercury were again administered. Calomel was also dusted into both eyes to correct the enlargement of the conjunctival vessels. The vessels of the right eye were more enlarged than those of the left. On the following day the patient was seized with a sharp attack of conjunctivitis of the right eye, injection of the circum-corneal zone, and vascular extension on to the cornea. The vessels of the left eye were also greatly irritated, but not to the extent of actual inflammation.

Remarks by Mr. PRYCE.—The question at once arises as to the cause of this conjunctivitis. Was it due (1) to the insufflation of the calomel simply? (2) to some irritant particles in the preparation—its containing perchloride of mercury, &c.? or (3) to the conversion of the mercury of the calomel, by means of the iodide circulating in the blood, into an iodide of mercury, which would act as a powerful local irritant? I am inclined to the latter belief, and especially so as the simple application of calomel would scarcely give rise to such sharp inflammation, and also because, on examination of the preparation used, no trace of perchloride of mercury or other irritant substance could be detected. Cases similar to the above have been published by MM. Hennequin[1] and Lagarde,[2] and were recorded in the "Biennial Retrospect of Medicine and Surgery" (page 347) for 1867–68. In one of these cases actual sloughing of the conjunctiva took place. Both the above observers ascribe the inflammation to the formation of an iodide of mercury.

CHRISTCHURCH HOSPITAL, NEW ZEALAND.

UNREDUCED DISLOCATION OF THE FOOT BACKWARDS OF THREE MONTHS' DURATION.

(Under the care of Dr. COURTNEY NEDWILL.)

THE following case appears to be of interest, as authorities seem to have overlooked the possibility of these dislocations not being reducible.

J. H——, aged twenty-five, a married woman, fell and injured her ankle-joint; but being near her confinement, and living far away from any medical man, she did not present herself for treatment until nearly three months had elapsed from the date of injury. She consulted Dr. Turnbull, who asked Dr. Nedwill to see the case with him. They found dislocation of the foot backwards, the fibula, as is usual in such accidents, having been fractured about an inch and a half above the malleolus. Under chloroform, with pulleys, reduction was tried; but this failing, the tendo Achillis was divided, and another attempt made at reduction. This was also unsuccessful, and, the patient's foot being

[1] Gaz. Hebdom., 1867. [2] Gaz. des Hôpitaux, 1867.

perfectly useless, she was admitted into the hospital, under Dr. Nedwill's care, on April 7th last. On the 11th, under antiseptic precautions, he divided the attachments of the lower end of the fibula and nipped it off with forceps, and again tried to reduce the dislocation; but failing in this, he removed the lower end of the tibia and upper articulating surface of the astragalus. Listerian dressings were applied, and the foot and leg placed on a McIntyre's splint. On the morning after the operation the temperature registered 100°, but it appeared that this increase of heat was caused by retention of milk in the breasts, the nurse having taken the patient's baby away from her with the intention of weaning it. The baby was given back to the mother. The temperature next morning was normal, and never afterwards during treatment rose above the ordinary height. On the 17th, under spray, the wounds were dressed for the first time, and were found healed, except over a very small superficial space, no pus being seen. On the fourth day after this, or the tenth after the operation, the wounds throughout their entire length were quite sound. The limb was retained on the McIntyre's splint till May 21st, when it was put up in gum and chalk. She left the hospital on the 25th, and on the 23rd of July returned for inspection. On removing the bandage the foot was found in excellent position, pressure on the heel or the entire weight of the body thrown upon the foot giving no pain. The motion, however, at the seat of operation appearing to be rather free, the gum and chalk bandage was reapplied, and she was allowed to return home.

On Nov. 12th she again returned to show herself, the motion of the foot being now very slight. The bandages were discontinued, and a boot with elevated sole and heel and leg irons were ordered to be worn.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

Dupuytren's Contraction.—Xeroderma Pigmentosum (Kaposi), or Atrophoderma Pigmentosum (Crocker).

AN ordinary meeting of this Society took place on Tuesday last, Dr. George Johnson, F.R.S., President, in the chair. The attendance of Fellows was not large. A good discussion followed the paper on Dupuytren's contraction.

Mr. NOBLE SMITH read a paper dealing with the subject of Dupuytren's Contraction of the Fingers. Upon examination of the hands of 700 elderly people, seventy cases of indurated and contracted palmar fascia were found. The points to which attention was chiefly directed were: (1) The supposed immunity of females from the affection; (2) the cause of the malady; (3) its treatment. 1. Among 440 women were found fifteen cases of indurated, thickened, and contracted fascia alone, and also eleven cases of well-marked Dupuytren's contraction of the fingers. Drawings of some of these cases were shown. 2. As the disease has been attributed to gout or rheumatism, inquiries were directed as to these diseases, and the evidence was against their being the cause. The majority of the individuals were free from common complaints, and seemed tolerably robust; they were mostly old people, the average age being seventy-three; twelve were over eighty. Most of them attributed the contraction to some particular kind of work. The much greater frequency with which the right hand is found affected leads one to suppose that use has a material influence. In some cases the hands had, however, been very little used. Some cases occurred from injuries in which the contraction and thickening were exactly similar in appearance to the others. In many cases the hands were affected symmetrically, indicating some other than a local cause. Contraction of the palmaris longus was almost constantly present, and it was thought possible that this might indicate a condition of nerve irritation in some instances. 3. With regard to treatment, the author of the paper recommended operation upon the contracted bands of fascia by as few incisions as possible, as opposed to the recommendation that many incisions should be made; the object being to separate the cut parts as much as possible, so that recontraction might be prevented. Section of the palmaris longus tendon might be beneficial in the early states of contraction.—The PRESIDENT said that he had brought from the museum of King's College a dissected specimen of Dupuytren's contraction which possessed some historical interest.—Mr. WILLIAM ADAMS alluded to his paper read before the Society in May, 1877, which had not attracted much attention at the time in England. Dr. Keen, of Philadelphia, had written a most invaluable monograph on the whole subject in the Journal of the Philadelphia Society. He asked whether the 440 women were included in the 700 people examined. He could not think that 10 per cent. of the population were affected with this malady. He considered that, if we took together all the cases of contraction of the palmar fascia and of genuine contracted fingers, this percentage result might be explained. The dimpled depression and corrugation of the skin of the palm, without contraction of the fingers, were not, however, included by him in the class of Dupuytren's contraction. He had met with only six cases of genuine Dupuytren's contraction in females; four were in ladies. Dr. Keen's paper showed that about one in ten cases of Dupuytren's contraction were males. Etiologically, Mr. Adams believed it to be a gouty contraction of the fascia, and essentially of a constitutional nature. The hereditary character was well marked: the affection was frequently to be found in two generations, and occasionally in three. The affection was sometimes symmetrical, and both sexes might be the subjects of it. The complaint was largely met with in the middle and upper classes. In his own practice he had had the greatest success in cases which had been treated with multiple punctures. He strongly advocated the primary division of the palmar fascia just above and below the transverse crease in the palm of the hand. In one case, after twenty years, the success of the operation was still practically maintained. He was of opinion that cases of Dupuytren's contraction were decidedly amenable to surgical treatment.—Prof. HUMPHRY thought that in causation the truth probably lay between the two opinions, and that the affection was probably of mixed origin, local and constitutional. Pressure from various objects fell most strongly on that part of the palm corresponding to the ring finger, and this might explain the frequency of contraction of this finger. The extension of the metacarpo-phalangeal joints of the foot might explain the non-liability of the plantar fascia to be affected. The limited power of extension of the ring finger might possibly have something to do with its frequent affection.—Mr. JOHN CROFT said that in his opinion gout was generally present in those affected with this complaint, but it was not invariably so. The primary action of the palmaris longus was to flex the wrist-joint, yet this joint was not affected. He considered that the interposition by multiple incisions of a number of layers of plastic deposit was most scientific. The palmaris longus was absent altogether in some subjects; the bearing of this remark was evident.—Mr. WALSHAM made some remarks on the treatment. He entirely agreed with Mr. Adams's method. He thought it best to divide the bands of fascia in the ridges rather than the furrows, because there was more available skin.—The PRESIDENT said that it was the fashion to attribute many affections to "gout." The class of cases shown by Mr. Noble Smith, and the limitation of the affection to the hand, whilst the plantar fascia escaped, made him doubt whether the gout theory held good generally.—Mr. NOBLE SMITH, in reply, said that in the patients investigated by him no pain or trouble had been complained of, this being different from the experience of surgeons who dealt only with the middle and upper classes. The difference of opinion on some points might also be thus explained. The age of the patients was greater than the average age of hospital patients, and the malady occurring so late in life afforded some explanation of its apparent rarity. He was of opinion that the plantar fascia might not unfrequently be affected in a manner similar to the palmar fascia. Further, he could not but believe that few incisions were better than many, provided that the hand could be extended equally well by the fewer cuts.

Dr. RADCLIFFE CROCKER communicated a paper on Xeroderma Pigmentosum (Kaposi). The disease, of which the three cases brought forward were examples, was first described by Kaposi in Hebra's "Diseases of the Skin" in 1870, and last year he gave a more extended account of it. These were the first and only cases of the kind known in England, and consisted of two sisters, aged respectively twelve and ten years, and their brother, aged nine, out of a family of four. Besides the above cases, there were thirty-one others

known, all bearing a striking resemblance to one another. The disease usually commenced in the first or second year without apparent cause, affecting the exposed part of the face, neck, and extremities. It spread slowly, reaching as low as the third rib in front and up to the middle third of the upper arm. In the first stage red blotches or spots appeared, which faded, but left lentiginous pigment spots; or the freckles might be first noticed, which tended to increase in number, size, and depth of colour. Soon the skin got very dry, and white atrophic spots appeared between the lentigines, which coalesced into larger areas. The skin in parts peeled off in thin lamellæ, and subsequently became contracted and parchment-like. Some years after the onset superficial ulcerations covered by crusts appeared, and verrucose projections could be felt in the position of some of the pigment spots. These terminated the second stage. From the fourth to the sixth year the third period began. The verrucose projections and the sores became the starting-point of fungating epitheliomata. The patients, whose general health had previously been entirely unaffected, became marasmic and died exhausted, or, in a few cases, from generalisation of the cancroid tumours. Death usually occurred before puberty, but both onset and termination might be deferred. Of the whole thirty-four cases, the number of males and females affected were equal, but if attacking several members of a family, it usually limited itself to the members of one sex only; seven boys having been affected in one family, and five girls in another. Other etiological factors were few. Congenital but not hereditary exposure to the sun had been suggested as a possible exciting cause in a few, but distinct evidence was wanting on this point. Treatment, whether to cure or even arrest the fatal course, had been completely futile. The disease was *sui generis* apparently a primary atrophy of the skin, and if the history and all the characters of the disease were considered, xeroderma pigmentosum could hardly be mistaken for any other affection. —Mr. MORRANT BAKER said it was very unfortunate that the term "xeroderma" should have been employed. — Dr. COLCOTT FOX said that in the year 1882, when these three cases were shown at a sister Society as forms of lupus, he had recognised the true nature of the affection, and had even had a water-colour drawing made of the eldest child. He regarded sections of the tumours of these cases as indistinguishable from sections of rodent ulcer. The nature of the early stages of the affection was still open to discussion. Kaposi spoke of an atrophy of the papillary vessels, followed by pigmentation telangiectases, but other authors did not take the same view. Dr. Taylor of New York held strongly that the disease was primarily an angioma.—Dr. RADCLIFFE CROCKER replied that Kaposi, Neisser, and Vidal all believed in an atrophy of the skin in this disease, but whether this was the primary change or not was open to doubt. He said Mr. Marcus Beck agreed that the structure of the tumours removed was more of a papillomatous than an epitheliomatous nature.

MEDICAL SOCIETY OF LONDON.

Erysipelas with Low Temperature.—Opium Poisoning.—Meteorological Observations at Davos Platz.

THE ordinary meeting of this Society was held on Monday last, Mr. Arthur E. Durham, President, in the chair.

Dr. CAVAFY read a paper on Cases of Facial Erysipelas with Low Temperature. After calling attention to the great variety of the characters of the inflammation of the skin in erysipelas, he remarked on the equally great variations in the intensity and type of the accompanying fever, and pointed out that in some cases this might be very slight, and that there might even be an extension of erysipelas without any fever at all. He read a short account of five cases of this kind which had been under his care in St. George's Hospital, in two of which an extension of redness and swelling had occurred while the temperature was subnormal. Referring to the fact that all might not admit these cases to have been instances of genuine erysipelas, he pointed out the importance of diagnosis from the point of view of contagion. It had been shown by inoculation experiments on animals and man, and also by clinical experience, that the disease might be transmitted, and was then frequently very severe; but it often happened that a mild and even apyretic affection was caused which resembled erysipelas in every other particular. Although these latter were therefore not considered genuine attacks, it was argued that the selection of high fever as a criterion was arbitrary and inapplicable, owing to the insensible gradation between the severest and mildest cases. The difficulty of distinguishing the latter from some forms of erythema was dwelt upon, and the character of spreading at the margin was considered the most trustworthy sign of true erysipelas. It had been said that in such doubtful cases a correct diagnosis was of no practical consequence, but the author was averse to the acceptance of this view. He thought that as there might be a chance of the conveyance of infection, strict precautionary measures should always be taken, especially by those who were engaged in midwifery practice and in the performance of trivial operations, such as vaccination.—The PRESIDENT made some remarks on the importance of the subject.—Mr. ROBERT PARKER had seen cases in children which presented all the characters of erysipelas without fever; further, the amount of constitutional disturbance was not in direct relation with the amount of skin inflamed.—Dr. CULLIMORE mentioned some examples of inflammatory disease unattended with pyrexia.—Dr. C. H. ROUTH narrated facts tending to prove that all exanthematous eruptions might at times be apyrexial in their course. —Sir JOSEPH FAYRER had long ceased to believe that rigors and pyrexia were necessary to the diagnosis of every abscess of the liver. He was of opinion that some cases of spreading facial erysipelas were not attended with a rise of temperature. —Dr. WYNN WILLIAMS narrated a case of "nervous shock" associated with rise of temperature.—Mr. ROBERT PARKER said children frequently presented high fever.—Mr. PEARCE GOULD asked whether Dr. Cavafy had heard of cases of traumatic erysipelas running their course without fever. He considered that some individuals could resist the causes of the febrile process much more readily than others.—Dr. CAVAFY explained that "erysipelas fixum" did not spread after it had reached a certain point. Albuminuria was present in one or two cases. Facial erysipelas might sometimes be preceded by a minute traumatism.

Dr. FINLAY then read his paper on a case of Opium Poisoning, a full report of which appears on page 561.—Dr. CHOLMELEY thought that injections of atropia ought to be employed very early in cases of opium poisoning. Some cases were so collapsed that walking was out of the question. —Dr. C. H. ROUTH said that the simultaneous injection of atropine with morphia prevented sickness.—Dr. ISAMBARD OWEN said he believed that morphia paralysed the respiratory centre in the medulla oblongata.—Dr. FINLAY replied that it was impossible to say how much of the poison had been absorbed, and how much got rid of in other directions. Atropia was used as a *dernier ressort*.

Dr. KINGSTON FOWLER read Dr. WATERS' paper on Meteorological Observations at Davos. The author believed that Davos was decidedly suited for some, though not for all, cases of phthisis. It appeared from the paper that the weather does exercise an influence on the temperature of the body of a large number of the patients, the temperatures being taken three times a day; that healthy individuals also showed this influence, though in a less marked manner than invalids; and that the most diseased were most affected by meteorological conditions. It was also found that there were individual differences. It was further gathered from the paper, that the warmer the weather the higher was the temperature of the patients. The paper concluded with remarks on the incompleteness of the observations, and the consequent necessity for caution in drawing inferences therefrom. Curves on charts illustrated the points of the essay.—Dr. K. FOWLER made some remarks on the importance of attending to the sanitary state of health resorts. — Sir JOSEPH FAYRER briefly announced the fact of the convalescence of Dr. C. T. Williams, which announcement was received with evident satisfaction.

SHOOTING IN THE ARMY.—At a recent day in experimental firing of every description at Strensall, York, the 1st Volunteer Battalion, Lancashire Fusiliers, were ordered to fire with both eyes open at a range of dummy soldiers, and to keep their eyes fixed on the enemy, who were supposed to be making a rush on the position defended by the Volunteers. Eight rounds were fired in sixty-seven seconds, and 38 per. cent. of the shots struck the dummy figures. Taking into consideration the rapidity of the fire, these results are highly satisfactory, and afford strong support to the arguments of those who advocate two-eyed shooting.

Reviews and Notices of Books.

Diseases of the Bladder, Prostate Gland, and Urethra; including a Practical View of Urinary Diseases, Deposits, and Calculi. By FREDK. JAMES GANT, F.R.C.S., Senior Surgeon to the Royal Free Hospital. Fifth Edition, revised and much enlarged. Illustrated by numerous Wood Engravings. London: Baillière, Tindall, and Cox. 1884.—Mr. Gant informs us, in his preface, that this work is designed simply and solely for his professional brethren, and warns off all lay readers who from any motives may desire information upon the subjects he treats. Anyone who has observed the effects of this form of research upon the lay mind will quite endorse this action. The four previous editions of this book have familiarised the profession with its general plan and scope, and with the author's mode of dealing with his subject; and the fact that it has now reached a fifth edition is satisfactory evidence of the estimation in which it is held. This edition has been largely revised and added to, and has evidently been prepared with much care. We notice, however, that in the chapter devoted to Urinary Deposits the chemical formulæ are still given in the old notation. Considering that the present notation is universally adopted, and has been used now for many years, this is a correction that ought to have been made. It does not seem that Mr. Gant has written the book for the purpose of advocating original or new views, but he states pleasantly and well the facts dealt with, and discusses in a liberal and fair spirit all moot points. The work throughout bears evidence of having been written by a thoroughly practical and experienced surgeon.

Notes on Dental Practice. By HENRY C. QUINBY, L.D.S.I., &c. With Illustrations. London: J. and A. Churchill. Liverpool: G. G. Walmsley. 1883.—It seemed almost impossible that anything new could be written on the practice of dental surgery; yet, although Mr. Quinby cannot be credited with much originality of thought, his idea of publishing in the form of a book the actual method of treating a patient from a mental as well as a physical point of view, is certainly somewhat novel in dental literature. His book is written very graphically, and is commendable for the freedom with which the author gives his own views, admitting that they differ from those of many, but producing very good evidence in support of them; notably when he advocates the advantage of rapid treatment of the teeth of young people, in order not to try their patience too much, and avoid fostering a dread of the dental chair. With great force and much justice, Mr. Quinby deprecates the use of gold fillings in the teeth of patients under sixteen years of age, commendably extolling the value of gutta-percha in many cases. He also wisely urges dental surgeons to avoid prematurely extracting temporary teeth to make room for permanent ones, which are not the actual successors, and he attacks boldly the section of the "American school" which advocates "gold, and nothing but gold," for filling, defending amalgam when carefully and skilfully used in suitable cases. He has not very carefully consulted existing text-books, or he would have found the statement as to the non-absorption of necrosed temporary roots on p. 27 of Coleman's Manual, as well as in other authors, one or two other instances of the same kind might be mentioned. Mr. Quinby's views as to anæsthetics in general are crude as compared with his other essays, and to say "that 'gas,' even in its compressed form, is too bulky for surgeons to carry about," is strangely at variance with the everyday practice of the London anæsthetists, and shows that Liverpool in this, at least, is sadly behind the age. Taken altogether, the book is one of much freshness of style, and should be read by all young dental surgeons.

Rivista Annuale delle Scienze Mediche. Diretta dal ARNALDO CANTANI. Reddatore Dott. ENRICO MARTINEZ. Parts I. and II. Milano: Vallardi. 1883.—We have much pleasure in welcoming the appearance of a new medical review in the Italian language, a work that is indeed much wanted. There can be no doubt that much Italian medical literature is lost or buried in numerous memoirs that are too long to be reproduced in such journals as THE LANCET, but which we should be glad to notice and place before our readers if presented to us in a condensed form. The present numbers are by no means restricted to Italian works, but include abstracts of German, French, and English investigations. Still they naturally refer to numerous papers in Italian, some of which are of considerable importance, but of which we have seen no account in any journal. The present numbers seem to us to be very well edited. The arrangement is on the principle of Virchow's well-known *Jahresbericht*, and the first part contains twenty-four pages devoted to works on anatomy, eighteen pages to those on histology, and fourteen to those on physiology, the last-named section being still incomplete. The second part is subdivided into a section devoted to the consideration of memoirs, reports of cases, and treatises on diseases of the lungs, and a section devoted to disease of the heart and circulatory system. To give our readers an idea of the mode in which the intention of the editor is carried out, we may refer to the first page at which the part opens, and we find that in the section on anatomy the single subject of osteology deals with sixteen memoirs, including those of Holl, Kölliker, Lesshaft, Merkel, v. Meyer, Gegenbaur, Lagrange, and Topinard, with those of Canestrini and Moschen, Giovanardi, Nicolucci and Zoja, from half a column to a column or more being devoted to each paper. In physiology fifty-six memoirs are quoted, and these include amongst Italian authors the papers of Bizzozero, Fano, Sanquirico, Corona e Cocco Pisano, Luigi Vella, Bufalini, Colasanti, Gaglio, Dembo, Marcacci, Sertoli, and others, so that there will now be no risk of the work of Italian scientists being overlooked. Under the head of diseases of the circulatory system forty-two memoirs are quoted and analysed on the affections of the heart alone, and fifty-seven are referred to, under the head of the respiratory organs, dealing with the diseases of the nose and naso-pharyngeal cavity. The list of collaborators in the production of the journal is an excellent one, comprising all the best known physicians and scientists in Italy. We venture to prophesy long life and an extensive circulation for the new journal.

Medical Fashions in the Nineteenth Century, including a Sketch of Bacterio-mania and the Battle of the Bacilli. By Dr. EDWARD TIBBITS. London: H. K. Lewis. 1884.—The author says that it is now considerably more than a quarter of a century since he first entered the portals of the medical profession. During that time the art of healing has undergone numerous, some of them very remarkable, changes. Theory has displaced theory, this remedy has supplanted that, and one method of practice has been entirely superseded by another. Some so-called improvements have proved to be simply changes in the cycle of fashion, and nothing more, and thus he presumes it will always be. The little work is written in an exceedingly readable vein; sentence flows on sentence, not without some degree of sparkle; and although one might not agree with all that the book contains, yet there exists an amount of good sense expressed in clear diction that will certainly carry pleasure if not conviction to the mind of many who can spare the few moments necessary to peruse this little volume.

Where did Life Begin? By E. HILTON SCRIBNER. pp. 64. New York: Scribners. 1883.—The origin of life upon the earth is often placed, by those who accept the theory of

evolution, in the tropics, because it is conceived that in the warm regions of the earth the occurrence of conditions favourable to the production, if indeed that is possible, of organic and organised matter from inorganic substance would be most likely to occur. But it is forgotten that supposing the earth to have gradually cooled down from being an incandescent mass, as geology teaches, the parts that would have first been capable of supporting life are the poles, since they receive the smallest amount of solar heat to compensate for the radiation into space of terrestrial heat. That they have once been fitted to support a tropical vegetation is abundantly evident from the extensive coalfields that have been discovered, with remains of plants, the allies of which are now only capable of growing in hot climates, and the author therefore holds that as these were the first parts of the earth on which life could exist, it was the first place on which life did commence. All that can be said at present is—perhaps!

Archiv für gesammte Physiologie. Von Dr. E. F. W. PFLÜGER. Band xxxiii., Hefte iii. & iv. January, 1884.—This part contains a long and very abstruse paper by L. Hermann on the so-called secondary electro-motor phenomena in muscle and nerve. A second memoir by the same physiologist is on the determination of the time occupied in the complete circuit of the blood through the economy. Dr. Lehmann discusses the influence of compressed oxygen on the vital processes of cold-blooded animals and on some processes of oxidation. The same writer also gives an account of the formation of an intestinal fistula in the goat; a notice on the absorption of some salts from the intestine; an essay on the sense of taste, and an essay on the development of Donder's pressure, with researches on the amount of the minimum pressure in the lungs.

New Inventions.

THE POCKET ANTISEPTIC FIRST DRESSING COMPANION.

WE have received from Mr. Edgar Crookshank a pattern of the pocket case proposed by him in our issue of March 15th for the use of soldiers on active service. It consists of a small tin box with rounded edges, rather larger than a cigar-case, but carried easily and comfortably in the breast pocket. It weighs when filled 6¼ oz., and the contents are as follows:—(*a*) A collapsible tube to contain an antiseptic cream of iodoform and eucalyptus oil, to be replaced by a miniature dredger of iodoform if preferred. (*b*) A strip of protective. (*c*) A packet of compressed carbolised tow; this when teased out expands into a surprising bulk. (*d*) Six yards of carbolised gauze bandage. On the inside of the cover the following simple directions are printed:—1. Squeeze the contents of the tube over the wound. 2. Tear off a piece of the protective just large enough to cover the wound, and place it over the latter. 3. Pick the tow, and make as bulky a pad as possible. 4. Bind it on firmly, but not too tightly, with the bandage. 5. If a sling should be required, make one from the remains of the bandage, a handkerchief, or puggaree. Mr. Crookshank is strongly in favour of a more powerful antiseptic pad, such as salicylic silk or iodoform wool, and only recommends for military purposes the use of the carbolised tow with the iodoform, on the ground that economy is most essential. Nevertheless, he is of opinion that the dressing contained in the proposed Companion would, in simple incised wounds and ordinary gunshot wounds without much hæmorrhage or subsequent discharge, if no further help were at hand and the wound were not redressed for several days, be effectual in preventing septic suppuration and its sequelæ, apart from the benefit to be derived from the bodily and mental comfort of having wounds bound up at once. Such a compact dressing would not be out of place in the kit of the traveller or explorer in regions remote from civilisation. The case has been made by Messrs. Weiss and Son, Strand.

DR. GUILLERY'S METAL SPLINTS.

WE have received from Messrs. Evans and Wormull a set of moulded zinc splints made after the design of Dr. Guillery. The splints are of different sizes and moulded to fit the limbs accurately, and are designed to be applied in all cases where immobility of a part is required. They are perforated with holes, to allow of evaporation of the cutaneous excretions. Their advantages are obvious. They are very durable, light, perfectly rigid, all ready prepared, and applied with the greatest ease and expedition, and, being moulded carefully, they fit a limb far more comfortably and accurately than wooden splints. We may add that the edges can be pared off quite easily when necessary. The box submitted to us contains a large variety of these splints for very various uses.

DEAN'S "NEW FIELD BOOT."

THIS boot certainly appears to be a great improvement upon the old one. From the several special advantages claimed it will prove eminently serviceable to medical gentlemen, whether used in their rides to patients or in their recreations. It has all the appearance of the ordinary hunting boot with a covered elastic arrangement upon the sides of the instep, which enables the wearer to pull it on or take it off without the trouble or annoyance constantly occurring in pulling on or dragging off the foot-covering of the old pattern. When used for walking or in the fields, this same arrangement does away with laces, and a strap coming from each side of the heel fixes the boot upon the foot and prevents movement when walking. This strap is not used in the riding boot. The inventor claims that the boot is also thoroughly watertight.

THE GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

THE General Medical Council met on Monday last, under the presidency of Dr. Acland. All the members were present, including Dr. John Struthers, the new representative of the Universities of Edinburgh and Aberdeen, who was introduced at the commencement of the sitting.

The PRESIDENT, in opening the proceedings, said:—A meeting of the Council has been, as last year, summoned before Easter. It seems desirable now, as then, that the Council should transact its annual business at an early period, lest any question should appear to the Council to demand the immediate attention of the Legislature It is not, however, my intention to occupy your time by discussing the prospect of a speedy legislative settlement of the vexed questions of medical examination and education. Nor shall I dwell at any length upon the causes which have led to the lamentable delay in that settlement, extending now over fourteen years. The assertion continues to be made in some quarters that this delay has been owing to the action or inaction of the Medical Council. History will show the contrary to be the fact. This must, however, be admitted, that the persistent determination that no Bill, whether for the purpose of educational progress or for the settlement of matters affecting the profession in its relations to the colonies or to foreign countries, should be permitted to pass unless the Council were altered in its constitution, has practically produced the result of hampering

that educational progress, and causing waste of time, suspense, and uncertainty in all existing medical schools and in the examining boards. I should not venture to say even this much, but that it seems to me that the time is come when we ought strenuously to endeavour, individually, if not collectively, to bring every influence to bear which may aid in settling medical legislation for some years to come during the present session of Parliament. The reasons for this course are simple and convincing. The present Government naturally desires to carry out the recommendations of the Royal Commission appointed by themselves. Though the report of that commission was only a "majority report," yet this very fact proved both the difficulty of the task and the impossibility of absolute unanimity. There remains, therefore, either some such Bill as is now before Parliament, or a continuance of unsettlement, misgiving, and agitation. The main principles of the Bill are four—viz.: (1) To ensure one final pass examination in each branch of the kingdom, all three being reasonably uniform. (2) To appoint three medical boards which shall regulate the chief educational details, in the place of the branch councils. (3) To alter the mode of appointment of the supreme General Council. (4) To amend or enact divers clauses which experience has shown to need revision or addition. It may be fairly assumed that the broad principles here laid down will not, with the present tendencies of political action in this country, be departed from. It seems to me, therefore, that this Bill is the only way now known of quieting the disturbed state of education in the medical schools, and of getting into a reasonable and more uniform shape the increasing mass of knowledge which our students are required to produce at the examining board. Copies of the Bill as it leaves the House of Lords will, it is hoped, be shortly laid before you. The ordinary business of the office has been carried on as heretofore. The Medical Register for the present year has been printed and issued. The number of practitioners registered in it are 24,517, as against about 16,000 in 1859—viz., on the Branch Register for England, 16,566; for Ireland, 3906; and for Scotland, 4045. The Dentists' Register is also published, and contains 5296 names, by far the largest proportion—viz., 4468 persons—practising dentistry *bonâ fide*, on their own statement, and only 868 having any other qualification. The Pharmacopœia Committee will present a full report to you on the progress which has been made by that committee in the preparation of a new edition of the British Pharmacopœia. Two cases with which the Council is already familiar—viz., those of Murray and Sadgrove—will be brought before you. An application for the removal of their names from the Dentists' Register is referred to you by the Executive Committee. A complaint by Mr. Lewis Wynn against Daniel Murray O'Hara will have to occupy your attention. There are special difficulties in this case which will be fully laid before you by the solicitor. Murray, Sadgrove, and O'Hara have been summoned to appear before you on Wednesday afternoon. On April 25th of last year you directed that certain resolutions, based on the report of the committee on the employment of unqualified assistants by registered practitioners, passed by the Council on April 21st, should be transmitted to the Lord President of the Privy Council. This was accordingly done, and a promise was received that the matter should have his lordship's consideration. A letter upon the same subject from the Registrar-General will be laid before you. The first prosecution under the Dentists Act was successful on Jan. 30th at the West Ham Police-court. The charge was that of assuming a qualification in relation to dentistry to which the person charged was not entitled. Your registrar was called on to give evidence valuable in respect both of the facts and the general bearing of the case. The attention of the Executive Committee has been again called to the desire of certain gentlemen entitled to act as apothecaries in the Indian Medical Service that they may be entered on the Medical Register under Clause 46 of the Medical Act. There being some doubt as to the proper interpretation of that clause in a legal point of view, their cases were referred by the solicitor to counsel. As it appeared desirable to have also full information concerning the status and qualifications of persons holding the office of apothecary in India, and appointed from time to time to act as surgeons or honorary surgeons in the Medical Service of India, the President has applied for information on the whole subject to the Secretary of State for India. In order that you may have the matter before you in the completest form, the Government have communicated with India before replying in full, and hence suggested that we should await the reply before arriving at a final decision. The papers connected with this matter will be duly laid before you. It will be proposed to your consideration to appoint a committee to consider whether the experience of the office of the Council during the last twenty-five years suggests any improvement in details of business which should be introduced with advantage into a Medical Act Amendment Bill. Some ambiguities have from time to time been found which might be rectified. Should you appoint the committee, these would be examined and carefully compared with the Bill now before Parliament. Such subjects as that of the unqualified assistants, as well as of the existing form of certificate of death, might also come under the consideration of the committee. Notice has been given for a conjoint scheme of examination in Scotland. An application has been made to your President by the Secretary of State for Foreign Affairs for an account of the medical education of women in this country, for the Russian Government. A short statement of facts has accordingly been forwarded to Lord Granville. No further information has reached the Council since your last meeting concerning the elaborate report on Education by Mr. Teale, Professors Gairdner and Stokes. Without presuming to suggest the reverting to the many subjects contained in that report, I cannot forbear from remarking that this fact alone is evidence of the evil result of the continued suspense of legislation. I have endeavoured thus most briefly to sum up the work already prepared for the present session. It need not perhaps detain the Council long. It may be necessary to have another short meeting in July. We may hope that medical legislation will have then been completed. The future position and duties of the Council will have been clearly laid down. At our meeting last year, when it was expected that a Bill would be passed through the House of Commons, remarks were made by me on the past history of the Council. I have now only to refer to these, and not to repeat them. At that time I had no expectation of sharing your deliberations again this year. My term of office expires this summer. Till then, when the fate of the Bill will probably be known, I reserve my last expressions of gratitude and esteem. We have now, as usual, to proceed with vigour and with care to our appointed task.

The Executive Committee was then chosen, and the following members were reappointed: Dr. Acland (President), Sir Henry Pitman, Mr. Simon, Dr. Haldane, Dr. Humphry, Dr. Quain, and Dr. Aquilla Smith.

A table showing the results of professional examinations held in 1883 for qualifications granted under the Medical Act by the bodies named in Schedule A was laid before the Council.

Dr. A. SMITH said that the table contained some interesting facts, to which he desired to call attention, with reference to the percentages of rejections at the final examinations by the different bodies. He had compared the rejections in 1883 with those in 1867, with the following result:—

Percentage of Rejections in 1883 and 1867.

	1883.		1867.
Royal College of Physicians, London ...	20·0	.....	11·2
Royal College of Physicians, Edinburgh	29·3	.....	19·4
King and Queen's College, Dublin ...	19·4	.....	19·4
Royal College of Surgeons, England ...	36·7	.....	12·0
Royal College of Surgeons, Edinburgh	47·7	.....	17·5
Royal College of Surgeons, Ireland ...	25·3	.....	15·8

Conjoint Boards.	1883.		1867.
Royal College of Phys. and Surg., Edin.	47·6	.....	20·4
Roy. Coll. of Phys., Ed., & Glas. Faculty	42·8	.....	14·7
Glasgow Faculty	43·6	.....	44·0

In the case of the following bodies the rejected exceeded the passed:—

	Rejected.		Passed.
University of London	126	.....	116
Royal College of Surgeons, Edinburgh	120	.....	111
Faculty of Glasgow	54	.....	49
Roy. Coll. of Surg., Irel. (New Scheme)	100	.....	17
Ditto ditto (Old Scheme)	118	.....	126

Taking into account these large proportions of rejections at primary examinations, and also the large proportion of candidates rejected by the College of Preceptors, they had unmistakable evidence of the fact that there was a great defect in the primary education of young men entering the

medical profession. The matter was one which ought to engage the serious consideration of the Council, with a view of instituting an improved curriculum of education. No student ought to be admitted into any medical school without having obtained a satisfactory certificate of preliminary education. At present young medical students were often not better educated than those who had situations in the Custom House or in the Post Office. A well-devised system of elementary education for the students would, he believed, produce very satisfactory results, and prevent many abuses. He did not propose to make any motion on the subject, but he hoped it would not be overlooked by the Council.

Mr. MACNAMARA thought there must be some error in the figures cited by Dr. Aquilla Smith with regard to the licence of the Royal College of Surgeons, Ireland (new scheme). The statement was that 100 were rejected and 17 passed. He doubted if more than 17 students altogether had gone in under the new scheme.

A table showing the number of exceptional cases occurring in 1883 under Clause 20 of the Council's Recommendations on Education and Examination, with a statement of the action taken thereon by the licensing bodies, was laid before the Council.

Mr. MACNAMARA said he thought it would be gratifying to the Council to know that the College of Surgeons, Ireland, had cordially accepted its recommendations, and that "exceptional cases" had been remitted at once to the branch council for consideration, as required by the General Council. He observed, however, that the College of Physicians of London and the College of Surgeons, England, had had a number of such exceptional cases, but had not referred them to the branch council in England.

Mr. MARSHALL said that the cases in question had been very carefully considered by the Council of the College of Surgeons, and the authority of different examining bodies had been closely investigated. The candidates were from Indian, Colonial, or foreign universities and colleges, and the Council had exercised its power with extreme care.

Mr. SIMON said he was not aware that there was any recommendation by the Council that such cases should be referred to the branch councils.

Sir HENRY PITMAN said that the Council had resolved that such exceptions might properly be allowed in case of any graduate in medicine of an Indian, a Colonial, or a foreign university, or of any student who, having completed the full time required by the Council, and having given satisfactory evidence of general education, should have spent the whole or three-quarters of that period at an Indian, a Colonial, or a foreign university.

Mr. SIMON said that the licensing bodies had been requested to communicate to the Council (not to the branch councils) annually a statement of the action taken by them in respect of such exceptional cases. The returns laid before the Council were in accordance with that request. He desired to express the pleasure with which he had heard of the action taken by the Royal College of Ireland in the matter.

A report by the solicitor to the Medical Council on the case of Arthur Augustus Sadgrove was ordered to be entered on the minutes.

A communication was read from the Provincial Board of Nova Scotia enclosing extracts from the Medical Act of Nova Scotia, and informing the Council that the subject of elementary mechanics of solids and fluids had been added to the subjects in the compulsory list.

Sir HENRY PITMAN moved that the communication be received and entered on the minutes.

Dr. HAUGHTON said he had satisfied himself by personal visits that the elementary examinations of many of the American and Canadian bodies were not at all satisfactory. Those in Australia, New Zealand, and Ceylon were of a much better character. He desired to retract what he had said on a former occasion with regard to the imperfect examination at the College in Ceylon, as he had satisfied himself that the Elementary Arts examination at that College was on a very satisfactory footing. He should hesitate to recognise the examination of the Provincial Board of Nova Scotia, which had not even a collegiate or university standing. They had no guarantee as to the character of its examinations, and they ought to know something more about them before recognising them. They had already gone too far in the recognition of Preliminary Arts examinations, over which they had no control, and of which they had but little knowledge. There were still a number of bodies on the list that should be removed, or about which inquiries should be made.

Sir HENRY PITMAN said that the Nova Scotia Provincial Board was not recognised by the Council, nor had any application for recognition been received from it.

Dr. HAUGHTON said that in that case it was not necessary to enter the letter from that Board on the minutes, and that it should be simply entered as having been read, no action being taken upon it.

This was ultimately agreed to by the Council.

A communication was read from the solicitor to the Council, enclosing a copy of Mr. Muir Mackenzie's opinion that the offence of giving a false certificate of the cause of death under Section 40 of the Births and Deaths' Registration Act, 1874, was clearly a misdemeanour.

During the reading of the opinion strangers were requested to withdraw, and the Council deliberated upon the subject in private.

The following report was received from the Executive Committee with reference to the provisions taken to ensure the impossibility of personation at the examinations of the several bodies, the certificates of which were accepted by the Council as satisfactory evidence of preliminary examination.

"In some instances (the Universities of Oxford, Cambridge, Durham, Glasgow, St. Andrews, Victoria, Aberdeen, and Dublin) the students are resident in the universities, and are personally known to the examiners or others connected with the examinations, which is regarded as affording sufficient security against personation. In Aberdeen, however, there is the additional precaution of comparing the handwriting of the exercises with that on a small schedule filled up beforehand by the candidate; and in this way two instances of personation were detected. In other instances (the Oxford and Cambridge School Board Examinations, the Durham and St. Andrews Local Examinations, and the Local Examinations of the College of Preceptors), the examinations are at the schools, or the schoolmasters or teachers are present, or are responsible that the candidates are *bonâ-fide* pupils in their several schools; and there is, in addition, the security afforded by the signatures of the candidates previously given in. In the third class of cases (the Examinations of Colleges of Physicians and Surgeons of Edinburgh, the Durham Medical Registration Examination, the University of London Matriculation, the Glasgow Local and Preliminary Examinations, the Examination of the Apothecaries' Society of London, of the Apothecaries' Hall of Ireland, the Assistant Commissioners of Intermediate Education in Ireland, the Royal College of Surgeons of Edinburgh, the Examination of Private Students at the College of Preceptors, and the Oxford Local Examinations), the candidate previous to the examination fills up a form with his signature, the handwriting of which may be compared with that of his answers. In the case of the Local Examinations, moreover, the candidates are usually from schools or centres where they are known. In the University of Edinburgh the signatures of candidates are preserved, which can be compared with their names at subsequent examinations. The Faculty of Physicians and Surgeons of Glasgow, after full discussion, with a view of devising some effective check, forced upon them by the occurrence of two cases of personation at their examinations, came to the conclusion 'that the most effectual means of deterring from such a nefarious practice will be found to be the prosecution of the delinquents in every case in which the evidence warrants it.' The Royal College of Surgeons in Ireland has not adopted any special means, but appreciates the necessity for the adoption of precautions. The Civil Service Commissioners say that they take such measures as they deem necessary. The committee recommend the Council to suggest to all examining authorities that, except so far as they may have in use other and better means of identifying candidates, precautions as follows should be taken:—1. That each person desiring to present himself for examination by any examining authority should be required to make previous application to the authority in a prescribed form, signing his name to the application, and having his signature attested in a way which would suffice for its authentication. 2. That each examining authority should keep a signature book for the candidates who present themselves for examination, each of whom should be required to sign his name in the book in the presence of an officer of the authority." The committee recommend that if this Report be approved a copy of it, with the "answers," be sent to each of the several

bodies, the certificates of which are accepted by the Council as satisfactory evidence of preliminary examination.

(Answers from the examining bodies were appended.)

After a somewhat desultory discussion, the two recommendations proposed by the committee were ordered to be entered on the minutes, and the Council adjourned.

WEDNESDAY, MARCH 26TH.

DR. ACLAND, PRESIDENT, IN THE CHAIR.

The first business was the reception of a report by the solicitor of the Council on the case of Daniel Murray O'Hara, referred to him by the Executive Committee, by whom he had been instructed to take such steps as might be necessary to ascertain the identity of Daniel Murray O'Hara, and to bring his case before the Council, both in respect of his being the person he represents himself to be, and also in respect of a letter received from him in October, 1883, by Dr. Heard, registrar of the Irish Branch Council.

Dr. O'Hara was summoned to appear before the Council at two o'clock. He was not in attendance, but a clerk from the office of Messrs. Robinson, Preston, and Stow, 35, Lincoln's-inn-fields, attended and produced a medical certificate, dated March 24th, certifying that Dr. O'Hara of Prescot had had a very severe attack of angina pectoris, and was totally unfit to travel,

Mr. BURRELL, solicitor, stated the facts of the case. He said that on December 15th, 1858, Owen Patrick O'Hare was registered as Doctor of Medicine, and on Jan. 12th, 1859, Daniel Murray O'Hara was registered with the same qualifications as O'Hare. Daniel Murray O'Hara was removed from the Register for not having answered a letter from the registrar; he had been traced to Victoria as late as 1882. On April 16th, 1878, O'Hare was removed from the Register for felony. On Oct. 26th, 1882, and previous thereto, he seemed to have applied to a person named Needes, and to have negotiated business with a person named Dr. Wynne, of 44, Kirkdale-road, Liverpool. On October 27th, 1882, there was some correspondence between Dr. Wynne and Mr. Needes. On Nov. 8th, 1882, O'Hare was negotiating through Mr. Needes for a dispensary with Dr. Wynne, and he stated he had arrived on the previous Saturday at 44, Kirkdale-road. On Nov. 16th Messrs. Quin and Sons, Liverpool, applied to register Dr. O'Hara as Daniel Murray O'Hara, of 44, Kirkdale-road—the same address as O'Hare had given. Messrs. Quin and Son stated that O'Hare had been introduced to them through some Liverpool tradesmen. His identification was witnessed by a Roman Catholic priest, who had stated that he knew nothing of O'Hara at all, but that he knew a friend of his at the University. On January 30th, 1883, his name was restored to the Register, with the address of 44, Kirkdale-road. He continued with Dr. Wynne until June, 1883, when he left, and in October, 1883, he appeared to be in Prescot. He then wrote another letter, also in the name of O'Hara, with reference to an operation stated to have been performed by him on Lady Margaret Cecil. It would be shown that the handwritings of the letters signed by the two names were identical, and a witness was prepared to state that Dr. O'Hara and Dr. O'Hare were one and the same person.

Mr. J. C. NEEDES, a medical agent, was then called, and stated that he had received letters from the person in question, some signed D. M. O'Hara, and others O. P. O'Hare, and that the writer had been at his office that morning. He had received letters from him written two or three days ago, signed D. M. O'Hara, and he knew him to be the individual who had represented himself to him as O. P. O'Hare in November, 1882.

The PRESIDENT: We understand that you have seen Mr. O'Hare this morning, and that you consider Mr. O'Hare and Dr. O'Hara are one and the same person.

Mr. NEEDES: I am certain of it; the same person under two different names. He wrote to me from Prescot, Lancashire, and he was at my office this morning. He is lame and walks with a stick. I have seen him dozens of times.

Mr. BURRELL stated that the Liverpool solicitors who had obtained the registration of Dr. D. M. O'Hara had described him as a person who walked with the assistance of a stick.

Mr. NEEDES: When Dr. O'Hara was at my office in the morning I taxed him with being the same person as Dr. O'Hare, and told him I was going to give evidence before the Council on the subject. He said, "Say nothing more about it."

Dr. HAUGHTON stated that he had compared some of the letters written by Dr. O'Hara and Dr. O'Hare, and the handwritings did not appear to him to be identical; but he attached but little importance to that circumstance after the positive evidence of identity given by Mr. Needes.

Sir HENRY PITMAN said it would be an important link in the evidence if they had before them the diplomas actually held by Dr. O'Hara. It was true, however, that they would not establish his identity, as he might have surreptitiously obtained them from another person.

Mr. BURRELL stated that in January, 1859, D. M. O'Hara was registered as M.D. of the Queen's University of Ireland and member of the College of Surgeons, England, and that in December, 1858, O. P. O'Hare was registered with the same qualifications.

The Council then deliberated on the case in private.

On the readmission of the reporters,

The PRESIDENT stated that the Council had come to the conclusion to adjourn the inquiry into Dr. O'Hara's case for further information.

The Council then proceeded to the consideration of the amended report of the Committee on Personation, the adoption of which was moved by Dr. Humphry.

Dr. HERON WATSON moved that the report be restricted to paragraphs 1 and 8 and the recommendations following.

Mr. TEALE seconded the motion, which was put and negatived.

Dr. HAUGHTON said that on further consideration he had come to the conclusion that the proposal he had brought forward on the previous day was impracticable, seeing that the Council had no control over a large number of the preliminary examinations. He would therefore withdraw it.

The report of the committee was then adopted, with a slight addition to the second recommendation of the committee—viz., of the words (after the first word "that") "for comparison with the signatures thus authenticated."

The Council received a report from the Dental Committee with reference to the cases of J. P. Murray and A. A. Sadgrove, whose names had been removed from the Medical Register for unprofessional conduct, but remained on the Dentists' Register. The facts stated by the committee were as follows:—

1. *Re James Patrick Murray.*—That James Patrick Murray was concerned with others in kidnapping some natives of the Fiji Islands, in consequence of which an outbreak occurred on board his vessel, in which several of the kidnapped islanders were killed. That in consequence of this offence, the King and Queen's College of Physicians of Ireland and the Royal College of Surgeons in Ireland struck his name off the respective rolls of Licentiates of those Colleges. That James Patrick Murray's name has been removed from the Medical Register by order of the General Medical Council in conformity with Section 28 of the Medical Act.

2. *Re Arthur Augustus Sadgrove.*—That Arthur Augustus Sadgrove, being registered only as a "Licentiate of the Apothecaries' Hall of Dublin," falsely and fraudulently held himself out to be also a Licentiate of the Royal College of Physicians of London and a Licentiate of the Royal College of Surgeons of Edinburgh, thereby endeavouring to induce persons to believe that he was possessed of more or greater qualifications than was the fact. That the Royal College of Physicians of London had previously proceeded against Arthur Augustus Sadgrove, at Wallingford, for professing to be a physician, for which offence he was fined £5, and costs £5. That a prosecution by the Faculty of Physicians and Surgeons of Glasgow against Arthur Augustus Sadgrove for unlawfully and wilfully uttering a forged document, purporting to be a diploma of that Faculty, and obtaining money by false pretences, failed on technical grounds. That Arthur Augustus Sadgrove's name has been removed by order of the General Medical Council from the Medical Register.

J. P. Murray had been summoned to attend at four o'clock, but was not present. The Council deliberated upon his case in private.

Strangers having been readmitted,

The PRESIDENT said the Council had arrived at the following resolution:—"That James Patrick Murray is adjudged, after due inquiry, to have been guilty of infamous conduct in a professional respect, and that, as it has been proved to the satisfaction of the General Medical Council that James Patrick Murray has been guilty of infamous conduct in a professional respect, the Council does by this order in writing direct his name to be erased from the

Dentists' Register, and it orders the registrar to erase his name accordingly."

The case of Arthur Augustus Sadgrove was then considered.

Mr. Sadgrove was called in, and being asked by the President whether he wished to offer any explanation, said the offence with which he was charged occurred four years ago, and that last year his case had been dealt with by the Council, and his name erased from the Medical Register. He admitted that he had offended against the Medical Act, but he did not know how he had offended against the Dental Act. He thought that punishment had lasted long enough, and that he should be restored to the Register. He would willingly promise never to practise on his own account until he gained another diploma if the Council would only consent to his being restored on that condition.

The Council then deliberated in private.

On the readmission of strangers,

The PRESIDENT said the Council had arrived at the following resolution:—"That Arthur Augustus Sadgrove is adjudged, after due inquiry, to have been guilty of infamous conduct in a professional respect; that as it has been proved to the satisfaction of the General Medical Council that Arthur Augustus Sadgrove has been guilty of infamous conduct in a professional respect, the Council does by this order in writing direct his name to be erased from the Dentists' Register, and it orders the registrar to erase his name accordingly."

Dr. STRUTHERS then moved, "That the various Examining Bodies be requested to intimate in future to the General Medical Council all cases of personation." He said he did not know that the Council could enforce information of such cases being given to the twenty Licensing Bodies, and therefore the simple plan was to ask that information should be given to headquarters.

Dr. PYLE seconded the motion.

Dr. HAUGHTON said he presumed the object was that the Council should send the names to all the Examining Bodies, and he should suggest the addition of the words, "with a view to their being communicated to the Examining Bodies recognised by the Council."

The addition having been accepted by the mover and seconder, the motion as amended was agreed to.

The following communication was received from the College of Preceptors, and ordered to be entered on the minutes, the thanks of the Council being accorded for the same:—

"42, Queen-square, London, W.C., October 11th, 1883.

DEAR SIR,—I beg to submit, for your information, a statement of the results of the Preliminary Examination, for Medical Students and others, held by this College on the 4th to 6th of September last. The number of candidates examined was 264, of whom 193 sat at the London Centre, 20 at Bristol, 15 at Birmingham, 15 at Leeds, and 21 at Liverpool. Of the total number examined, 82 (or rather less than one-third) obtained certificates qualifying for registration as medical students, and one candidate passed in Mechanics as a separate subject. Of the 182 who failed to obtain qualifying certificates, 20 passed in all the obligatory subjects, but did not obtain the minimum total of marks required for a place in the second division of the second class, as required by the Medical Council. Of the remaining 162 rejected candidates, 61 failed in 1 obligatory subject, 25 in 2, 26 in 3, and 38 in 4 (and more) obligatory subjects. Thirty-two candidates were reported for defective spelling, but only one candidate was disqualified on that account alone.

I am, dear Sir, yours faithfully,

C. R. HODGSON, *Secretary.*

The Council then adjourned.

At the meeting of the Council on Thursday communications were received from the Royal College of Physicians of London and the Royal College of Surgeons of England, stating the withdrawal of these Colleges from the scheme, dated May 1st, 1877, for an Examining Board in England. Some discussion ensued, and in the result an amendment was carried postponing the entry on the minutes of these letters till the following day, in order that the Colleges might have an opportunity of explaining how it was, as stated in the letter from the College of Surgeons, that the scheme, although approved and sanctioned by the Medical Council, had never come into operation.

Letters having been received from the Lord President and the Registrar-General, with reference to the employment of unqualified assistants,

The PRESIDENT stated, in answer to Dr. Chambers, that there was no clause in the new Bill upon this point; but the Registrar-General stated that if the Council had any very distinct view which they could embody in any clause as to what should be done, he would give his best attention to the subject.

The reports of the Finance Committee and the Pharmacopœia Committee were brought up and adopted.

Upon the report by the Preliminary Examination Committee being received, a discussion arose upon the inclusion of elementary mechanics in the preliminary examination.

This was adjourned in order that the Council might proceed with the further consideration of the case of Daniel Murray O'Hara. Having deliberated in private for some time, the case was still further postponed.

A petition by Matthew Bass Smith to be restored to the Medical Register, from which his name was erased on March 31st, 1873, was then considered and adjourned.

THE NEW EGYPTIAN SANITARY LAW.

THE Egyptian Government has taken an important step for the preservation of the public health. We have just received the full text of the Khedival decree, dated Feb. 15th, 1884, on the "reorganisation of the sanitary services and public hygiene." It abrogates the decree of Jan. 3rd, 1881, instituting a Council of Health, together with all other regulations opposed to the present enactment, and constitutes in its stead a directorship of sanitary services attached to the Ministry of the Interior. In the hand of the director all services will be centralised, and these embrace all measures to prevent or check endemic, epidemic, and epizootic maladies. Exception is made, however, with regard to the duties entrusted to the Maritime and Quarantine Sanitary Council, which remain unaltered. All the medical sanitary services, inspectorships, chemical appointments, &c., will be under the control of the director, who will also take all measures necessary for the preservation of public health. To assist the director in the execution of such important and responsible functions, a sanitary committee is appointed, consisting of the director, the vice- or sub-director, the sanitary inspector, the chief physician of the Cairo Hospital and the principal chemist, the director and sub-director of the medical school, the chief army physician, the principal professor of the veterinary school, and any other person whose services may seem desirable to the committee or the Minister of the Interior, and likely to facilitate the study or examination of some special question. The authorisation to practise medicine, or to hold the position of dentist, dispensing chemist, midwife, or veterinary surgeon must be obtained from the Minister of the Interior, who will deliver such sanction at the instigation of the director, who, on his side, will have the approbation confirmed in writing by the sanitary committee; and this latter body will examine and verify all foreign diplomas, &c. Even monthly nurses must obtain the director's sanction; but this would be given on receipt of testimonials from the local practitioners and qualified midwives. Egypt is divided into four large sanitary districts—Upper and Lower Egypt and the two districts of Cairo and Alexandria. The medical chiefs of these divisions have under their orders all the agents of the medical service. Reports on all matters affecting public health must be sent to Cairo every week. The governors and mudirs, the civil and military authorities, are rendered responsible for the due execution of all sanitary regulations, and are bound to assist in every way, "when requisitioned by the agents of the sanitary service, to ensure the prompt adoption of measures taken in the interest of public health, excepting whatever may be contrary to the religious law and the customs of the country."

But for the latter clause, the new regulations seem well calculated to simplify and concentrate the sanitary administration of the country. If, however, it can be proved that certain filthy and dangerous habits are in keeping with immemorial custom, the Khedival decree might be interpreted as sanctioning their continuation—a fact which, we fear, may tend to bring English sanitary officers serving in Egypt into collision with the native functionaries and population.

THE LANCET.

LONDON: SATURDAY, MARCH 29, 1884.

THE general meeting of the Fellows and Members of the Royal College of Surgeons of England, which had been so anxiously awaited, and from which so much had been expected, was held on Monday last in the theatre of the College. There were only one hundred and ten persons present, including Fellows and Members. The result of the meeting may be judged satisfactory or the reverse, according to the standpoint from which it is viewed. The Members of the College, if they are mindful only of themselves, have indeed much cause for felicitation, but the Fellows, though they gained something, have got less to delight them. The Council, on the other hand, cannot look back upon the meeting with any degree of pleasure. We do not purpose attempting to draw up an estimate of the value of the decisions arrived at. To some persons it may be a questionable opinion whether the cause of medical reform gained more or lost more on Monday last. In general terms it may be said that the Members of the College, by the convincing force of numbers, sought to confer upon themselves the power of determining the arrangements relating to the examinations for the diploma of Fellow, the right of considering and deciding all matters affecting the constitution and relations of the College, the privilege of approving or censuring the action of the Council, and of accepting or rejecting all the proposals made either by the Council or by the Fellows. They further contested with the Fellows the right to elect the members of the Council and the President of the College. Only in the last-named claims were they unsuccessful. On the motion of Mr. PAUL SWAIN of Plymouth it was recommended that in future the President should be elected by the Fellows, and not exclusively by the Council. It remains to be seen how far the recommendations adopted by a majority of those who voted at the meeting will be acted upon by the Council. All that is at present assured is that the President has undertaken to report the various recommendations to the Council, and has promised that they shall receive due consideration.

The business of the meeting was divided into two parts. In the first the alterations proposed in the Charters by the Council were considered, and in the second recommendations and suggestions respecting other alterations were received. The only serious discussion on the alterations proposed by the Council was raised by Mr. TWEEDY, who moved an amendment to the second of the proposed alterations. This particular alteration seeks to have the regulations an arrangements for admission to the Fellowship by examination provided for by Resolutions of the Council instead of by bye-laws as at present. The President stated that the reason of the proposed alteration was that the obtaining of a bye-law was rather a tedious process, as it required the consent of the Home Secretary. The regulations for the examinations for the Membership were, he observed, determined by resolutions of the Council, while those relating to the Fellowship were provided by bye-law. As the Membership gave a person a right to practise, and the Fellowship was only an "ornamental title," the President argued that if the supervision of the State were necessary, it should concern itself with the Membership rather than the Fellowship of the College. Mr. TWEEDY moved an amendment to the proposal of the Council—viz., "That, in the opinion of this meeting, any alteration in the Charter enabling the Council to determine the arrangements for the examination of the Fellowship by resolutions of the Council instead of by bye-law will be likely to tend to the relaxation of the conditions of admission to the Fellowship, which is not expedient." In support of this amendment he pointed out that if the present restrictions upon the admission were still further removed, the Fellowship would indeed become what the President of the College had called it, an ornamental decoration, instead of the "honourable distinction" that Sir BENJAMIN BRODIE, one of its reputed authors, intended it should be. The President, however, with an amount of warmth and zeal more suited to the benches than to the presidential chair, replied in detail to the arguments that had been used against unnecessary and unsettling changes in conditions of admission to the Fellowship by examination. This special pleading had its effect; for when the amendment was put it was lost by *two* votes. At a later stage the President was, however, taken in his own snare. As we have stated, it was carried by a considerable majority that "no alteration in the constitution or relations of the College shall be effected without the consent of the Fellows and Members convened to discuss such alteration."

Altogether, the result of the meeting is not very encouraging. The attendance was small, and much of the talk wild and vague. The inference is that the Council by its exclusiveness has alienated the sympathy of most of the Fellows and Members, and that the latter feel but little interest in the College. Though the practical outcome of the meeting may be small as regards the domestic arrangements of the College, it did furnish an occasion for the airing of a subject of considerable public and professional importance. Dr. HICKMAN proposed, "That this meeting of Fellows and Members of the Royal College of Surgeons, England, begs most respectfully to recommend that the Council of the College do obtain a Charter enabling them to combine with the Royal College of Physicians, London, with a view to the amalgamation of the two Colleges into one great college of medicine, to be endowed with authority to examine and grant licence to practise in all branches of medicine and surgery, and to confer on its Licentiates the degrees and titles of Doctor of Medicine and Master in Surgery." This is a matter deserving of fuller and more leisurely consideration. Already, if rumour be true, the Royal College of Physicians has initiated a movement which may bring about the consummation Dr. HICKMAN so devoutly wishes.

UP to the time of our writing, the most important event in the Medical Council is the opening address of the President, in which he states, very earnestly and well, reasons why the Council, or at least its individual members, should use every effort to bring about medical legislation this session.

"It seems to me," says Dr. ACLAND, "that the time is

come when we ought strenuously to endeavour, individually if not collectively, to bring every influence to bear which may aid in settling medical legislation for some years to come, during the present session of Parliament." We have elsewhere noted the concurrence of both parties in the House of Lords in wishing to see this question settled this session. We have now to add to the strong advocates for closing this question the President of the Medical Council. Dr. ACLAND'S reasons are such as must commend themselves to the members of the Council, and we trust to the Council itself in a collective capacity, as the President says these reasons are both "simple and convincing." The Government is naturally desirous to carry out the recommendations of a Royal Commission appointed by itself. "It may be assumed," says Dr. ACLAND, "that the broad principles of the Bill will not be departed from." "The Bill seems to me," the President adds, "the only way now of quieting the disturbed state of education in the Medical Schools, and of getting into a reasonable and more uniform shape the increasing mass of knowledge which our students are required to produce at the Examining Boards."

He must be a somewhat credulous man who can believe that after such an opinion as this, expressed by the chief representative of the existing Medical Council, the legislation described will be long deferred. Even if political accidents should occur—to which some men are always looking—they would only defer, and would not avert, a change necessary to restore quietness and confidence to the medical education of the country. Nor was Dr. ACLAND expressing opinions in principle beyond those repeatedly expressed in the votes of the Council, which has often declared its conviction of the necessity of a consolidation of the licensing authorities in the various divisions of the kingdom. As we said last week, the Council cannot make a better or more magnanimous use of its remaining time than to pass a vote urging the Government to press the legislation. It would thus prove its anxiety to advance the interests of medical education as distinguished from those of individual corporations, and would earn the gratitude and respect of medical men. No change which legislation can effect will alter the place which most members of the Council hold in the estimation of the profession. Under the Bill, in their respective Corporations, or in the Divisional Boards, or in the Medical Council of the future, they will influence, as they do now, medical education and the tests to be applied to it. The only difference will be that they will act with greater authority, and will have the pleasure of dispensing complete diplomas after complete examinations, and such diplomas as will not be open to the disparagements which are often expressed in reference to several existing licences. We venture to hope that the Council will adopt the note of the President, and so entitle itself to the credit of accepting and promoting the new order of things. However this may be, the Government will not fail to notice that in the judgment of the President of the Medical Council "this Bill is the only way of quieting the disturbed state of education in the medical schools."

THE Medical Acts Amendment Bill passed through Committee, and was reported on Thursday, March 20th, under circumstances which leave little room for fear that the Bill will become law this year, unless some unforeseen accident of politics should interfere. There was, indeed, one discordant, not to say menacing, note in the discussion—that of Lord BALFOUR of BURLEIGH, who professed to speak in the interest of the Scottish Universities, and to express fears of the operation of the Bill on the demand for Scottish degrees. We were never more surprised than to hear the noble lord, in the midst of a general acquiescence in the inevitable, utter such sentiments in the name of bodies which have been treated with exceptional favour in this legislation. And our regret was as great as our surprise. Scotland does a very large amount of the medical education of English practitioners. In fact, this is done by the Scottish Universities, which also crown their work by conferring a large number of degrees on gentlemen who afterwards practise in England or the various Dependencies of the Empire. In other words, the Scottish Universities do a great amount of Imperial work, and their degrees are meant for use out of Scotland, under the generous legislation of 1858. The extent of this work of the Scottish Universities sometimes excites criticism in England. There are Englishmen of great moment in judgment who say that the Scottish Universities confer their degrees on inadequate terms of education and examination—terms little superior to those of the licensing bodies of England. We do not share this belief. Nevertheless, it is held by those whose opinions cannot be ignored. At the present moment the Edinburgh University alone has some 1700 medical students, quite as large a number as it is possible for her to teach. Under these circumstances what do the Scotch Universities owe to the public, to their own dignity, and especially to their graduates? What less than to accept cheerfully and gratefully a Bill which subjects their graduates or intended graduates to only the final examination, and to such a small fee as will cover the bare expenses of it? Any flinching from such terms in the public interest will look like fear on the part of the Scottish Universities to subject these graduates to a public test. As the Lord President said, it is unreasonable to ask that the Universities of Scotland should be excepted from tests to which every university in the kingdom, London amongst the rest, is to be subjected. The very numbers of the Scottish graduates make it all the more reasonable that they should submit to it. In other European countries graduates are not exempted from State tests, and it will be a cruel injustice to Scottish graduates if their Universities raise any demur to submitting cheerfully to the liberal terms of this Bill. That the Bill will seriously diminish the number of Scottish graduates we do not for a moment believe. But even if it should somewhat reduce the number, this would be no valid argument against it. We cannot but think that Lord BALFOUR has been acting under some misapprehension. The Universities of Scotland long ago publicly accepted the Bill, and Lord BALFOUR'S protest is out of date. We confidently expect to see his imaginary and injudicious fears disclaimed by the responsible teachers of the great schools of Scotland.

We are strongly confirmed in this opinion by the action in committee of the Duke of RICHMOND and GORDON, who was the leading member of the Opposition bench during the discussion of the Bill, and who, it will be remembered, is the Chancellor of the University of Aberdeen. The Duke, moreover, knows this subject more thoroughly than most

other members of the House of Lords, inasmuch as he was himself the author of a similar Bill in the time of Lord BEACONSFIELD. He characterised the Bill as most important, and appealed to the Government to pass it. When a Government is bent on passing a Bill, and a leading member of the Opposition urges that every endeavour should be made to pass it, it is very clear that there are strong reasons for its being passed with all convenient speed. The reasons here are not far to seek. The Schools of Medicine are harassed by continual uncertainty. The existing organisation of the examining and supervising authorities is completely disparaged. Every Government is committed to a change, and the Medical Council itself is so committed. Under these circumstances the appeal of the Duke of RICHMOND is not likely to be disregarded, though it is well made and will be gratefully remembered by the profession, who see in this Bill no mere party measure, but one to raise medical education and abolish the degrading competition of examining boards.

ON the 13th inst. Dr. VEALE, Deputy Surgeon-General and formerly Assistant-Professor at Netley, delivered a lecture at the Parkes Museum on the important subject of the Organisation of Field Hospitals. After a well-merited tribute to the memory of Dr. PARKES as one of the greatest sanitary reformers, especially in all matters relating to the army, Dr. VEALE discussed the difficulties which medical officers had long experienced in introducing sanitary measures, owing to the want of any power commensurate with their responsibilities. The effect of recent changes in the army had been to render them more independent of military interference in connexion with their professional work, and the result had been greatly to the advantage of the soldier. This was strikingly shown by the efficiency of the medical service in the late campaigns as contrasted with its condition under the old system in the Crimean war. But even under the present organisation great difficulties are experienced in carrying out measures which from a health point of view are of much importance, but which would involve considerable additional expenditure. Dr. VEALE pointed out how impossible it was to have the equipment of military hospitals made to resemble our great metropolitan hospitals in point of decoration and luxurious comfort. He remarked very fairly that it is "neither just nor generous to order medical officers to practise the most rigid economy, to tie them hand and foot by regulations, to refuse their requests for what they consider necessary or desirable, and then all of a sudden, in a time of sensational excitement such as was witnessed little more than a year ago, to turn round and blame them for not having their hospitals equipped and garnished upon æsthetic principles." Dr. VEALE called attention to the inexpediency, under altered circumstances, of sending all cases, however slight, into hospital. There appears to be no good reason why, in slight ailments, the men, though they might necessarily be excused guards &c., should not be kept under supervision in barracks, and employed upon the lighter duties required. In this manner the hospital would be relieved of many men who would be much better looked after in barracks, and who would be perfectly able to perform many duties which must otherwise fall upon their comrades. Such a course would undoubtedly tend to a judicious economy in the hospital establishments. Dr. VEALE then proceeded to discuss the subject of field hospitals, describing "the first line of surgical assistance," consisting of the corps of stretcher-bearers and of a certain number of medical officers; the second line, that of movable field hospitals; the third line, or stationary field hospitals; and a general hospital at the base of operations. He gave an account of the equipment of each of these classes, and of the mode of dieting the patients in them. He suggested an alteration in the plan of stationary field hospitals, by which the medical staff would be more concentrated, and the patients more dispersed than under the existing system. With regard to the kind of tents most suitable for campaigning purposes, he strongly advocated a modification of the Indian sergeant's tent. He then discussed at some length the establishment necessary for a field hospital, and although on some points we think his suggestions of a nature which it would be extremely difficult, if no impossible, to carry out, yet there are many of them worthy of the consideration of the authorities. His remarks upon the necessity for the improvement of the hospital cookery have been anticipated in the establishment of schools for that purpose, as announced by Lord HARTINGTON when moving the Army estimates. His observations also upon the bedding, clothing, utensils, and equipment were judicious; and especially those having reference to filters in the field hospitals, and to the close stools and conservancy arrangements. Proceeding from hospitals to the supply of medicines, Dr. VEALE called attention to the unwieldy and bulky form in which these have hitherto been supplied, suggesting the abolition of such articles as tincture of orange-peel, cardamoms, myrrh, senna, and valerian, and "by utilising the modern and improved methods of compounding, to put into a very small compass all the drugs that are essentially necessary for field service." It must be quite obvious that it would be impossible to provide an army in the field with the numerous luxuries in medicine the want of which was complained of in the Egyptian campaign. Dr. VEALE concluded his lecture by a very temperate and clear statement of some of the difficulties which the medical officers had to encounter in that campaign, and of the unfounded accusations which had been brought against them. Admitting that the medical department in Egypt was not faultless, he said it might "be fairly questioned whether any other part of our military organisation would have sustained more successfully than the medical service has done the attacks of hostile and unscrupulous critics, and such an investigation as was made by Lord MORLEY'S Committee. Opinions may differ as to the prowess of the army against which our troops had to fight in Egypt in 1882, but there is no room for doubt as to the strength of the enemy against which the medical service had to contend." The success of their arduous labours was satisfactorily shown by the fact that in 1187 cases of fever only 33 deaths occurred, of 177 of sunstroke only 3 died, that of 2725 cases of dysentery and other diseases of the digestive system only 31 proved fatal, that 1139 cases of ophthalmia were treated without one instance of loss of sight, and that not a single death occurred from pyæmia, erysipelas, or hospital gangrene. The lecture was one of great interest, and will, we trust, not be without good

results in calling attention to points in our field hospital organisation which may be improved, with advantage alike to the soldier and to the Medical Department.

THOSE who look back on the Dublin Dissectors and works of a like kind as the guides of their student days must be disposed to envy the present generation the many excellent text-books which the enterprise of publishers has provided to meet the requirements of examiners, and the growing demands of science. The first step was taken some years ago, and the profession is indebted to the enterprise of Messrs. CHURCHILL and Messrs. RENSHAW for the earliest series of manuals written in a systematic form, abundantly illustrated and issued at a fairly cheap price. Of these we may call to mind WILSON'S "Anatomist's Vade-Mecum," DRUITT'S "Surgeon's Vade-Mecum," TAYLOR'S "Medical Jurisprudence," CARPENTER'S "Physiology," JONES and SIEVEKING'S "Pathology," and FOWNES' "Chemistry," some of which survive to this day, but in a greatly extended form. Admirable as these text-books were, they scarcely, in the form they were first brought out, met the requirements of students preparing for the higher examinations, and so a demand arose for works like QUAIN and SHARPEY'S "Anatomy," TODD and BOWMAN'S "Physiology," ERICHSEN'S "Surgery," and WATSON'S "Principles and Practice of Physic," though we ought hardly to venture to class the latter as a text-book. The tendency at the present time, however, is not so much towards the production of medium-sized manuals such as those originated by CHURCHILL and RENSHAW, or even to more solid works like those above mentioned, though FOSTER'S "Physiology," and GAMGEE'S "Animal Chemistry" are exceptions, as towards specialising the larger subjects and dividing them into a series of special studies. Thus physiology is divided into histology, physiological chemistry, physical physiology, and general physiology; whilst both medicine and surgery are becoming more and more the subjects of special treatises. The immediate cause of this is the very great extension of our knowledge in every department, and the number of new subjects that are constantly coming to the front. In physiology and in chemistry, as well as in medicine and surgery, a work that was not edited afresh every two years, would be almost behind the day. This, of course, is against the production of large and original works; for by the time an author had read through the current literature of the day, and collated it with his own views, bringing every point into harmony, and had seen his work through the press, so much additional knowledge would have accumulated as to render a new edition imperative. The fact is, the Societies and the medical journals now take the place of the older and larger treatises in which the authors embodied the results of their observations. And so rapid is the advance taking place on all sides, that if an author waits to bring forward his views in a published work he finds himself probably forestalled ere he sees his proofs through the press. The smaller works, then, for which at the present time there is an undoubted demand, supply a want which without them would be keenly felt. It would be impossible for the busy student, or practitioner, to wade through the mass of contributions brought forward for discussion at the Societies, still less to collate them satisfactorily. This is what the present system of manuals is able to effect. By breaking up the general subjects into special groups the amount to be treated in each individual volume is reduced, whilst economy of space is gained by the selection of authors who have worked in the special direction of the subject, and who by their intimate acquaintance with the most recent literature are enabled to exclude all but trustworthy matter. Thus no great expense is involved at the outset, and new editions can be more frequently produced. Whether the system will influence medical education for good or for evil it is as yet too early to form an opinion. So long as these minor text-books are edited by the lecturers and teachers, and the professorial teaching of our hospital schools maintains its present high position, they may, we think, be regarded as very valuable aids and most useful supplements to more solid works, but whose place they can never fill. With regard to these, if there is no encouragement for the production of original works of large size, it will be the more important to keep those we have thoroughly up to the mark, and this can only be done by careful editing and revision whenever a new edition is called for. This seems the more important since some recent editions of standard educational works have appeared to us to bear evidence of want of sufficient effort to maintain the high standard of earlier editions, and to have lost touch with the progress of the day.

Annotations.

"Ne quid nimis."

THE CHOLERA GERM.

THOSE who have followed the several reports which Dr. Koch has made to the German Government on his search after the "germ" of cholera will be quite prepared to learn that in his latest, and sixth letter, dated Feb. 2nd, he declares his conviction that the bacillus which he first discovered in Egypt is entitled to be considered a specific and essential element in the disease. In this latest report he enters into fuller detail than hitherto upon the characters of the microphytes, and enunciates the reasons which have led him to the above conclusion. The shape of the bacillus is peculiar; it is not a straight rod, but is slightly curved like a comma; it is very mobile, and occurs in colonies of wavy masses. In gelatine it forms characteristic colonies, and causes, like so many of these organisms, liquefaction of the medium. The research included the examination of twenty-two cholera cadavers, and seventeen cholera patients, and in all cases this special bacillus was found in the intestine and in the rice-water stools. A set of "control researches" in cases of diarrhœa, dysentery, and arsenic poisoning—that is to say, under conditions of intestinal derangement most allied to that of cholera—failed to detect the bacillus. That the bacillus is not a mere concomitant of the disease, or a normal inhabitant excited to further development under the influence of cholera, was shown by the fact that in the early stages of the attack, when the evacuations are still fæcal, very few of these bacilli occur; but that as the stools become more watery, the bacilli are met with in abundance. They never occurred in the stomach, and were only twice found in vomited matters which, from their alkaline reaction, were obviously of intestinal origin. When, as often happens, death occurs in the reaction stage, the bacilli are found, not in the contents of the bowel, but within the mucous membrane and tubular glands—a fact which it will be remembered

was one of the earliest fruits of the research in Egypt. Dr Koch points out that in every respect these bacilli conform to the behaviour of other pathogenic bacteria. The failure, after repeated efforts, to inoculate lower animals with these bacilli is not considered by Koch as detracting from the value of the discovery. He adduces the instances of typhoid fever and leprosy, in which characteristic micro-organisms have been found, as examples of the same failure. Even this defect seems to have been removed, if we may credit the telegram from India this week reporting the successful experiment of Dr. Vincent Richards of Goalundo. It has been stated on the authority of the *Calcutta Englishman* that Dr. Richards has succeeded in inoculating a pig with these bacilli, and thereby reproduced the disease in this animal. Dr. Koch further relates some remarkable facts as to the multiplication of the cholera bacilli outside the human body—e.g., in damp soiled linen; and the rapid manner in which they can be destroyed by drying. The importance of such an observation in prophylaxis is evident; equally important is the fact that they perish in very slightly acid fluids, only flourishing in alkaline; the inference being that they are liable to be destroyed in the healthy stomach, but that they may pass through uninjured when the gastric secretion is deranged. At the same time there may, he thinks, be conditions of the bacillus itself analogous to the "resting state" of other bacteria, which may enable them to escape the action of the gastric juice; but this, as well as the possibility of their persistence as spores for lengthened periods outside the body, require further research. No doubt the German Government will comply with Dr. Koch's request that he be allowed to continue his research in India during next winter. The inquiry has been so fruitful hitherto that we may look for its further development as likely to throw still more light upon the mode of origin and spread of cholera.

A DISPUTE BETWEEN MEDICAL PARTNERS.

THE late partners of Dr. Carpenter of Croydon have sought the assistance of the Court of Queen's Bench in a matter in dispute between them and Dr. Carpenter. In May, 1877, an agreement was entered into between them, one clause of which ran as follows:—"That in consideration of the payment by the plaintiffs of certain sums agreed upon, the defendant should not, from or after January 1st, 1883, practise as a surgeon or general medical practitioner in Croydon, or within six miles of the Town-hall there, but that the defendant should be at liberty to advise the patients attending upon him at his residence in Croydon, and to act as 'a consulting physician.'" It was shown by the plaintiffs, Drs. Whitling and Lanchester, and was not denied by Dr. Carpenter, that he had visited patients at their own houses unaccompanied by any other medical man. On being remonstrated with for this by his partners, Dr. Carpenter said in a letter, "it was perfectly understood that I intended to practise as a physician when I retired from partnership." The partners considered Dr. Carpenter not to be acting as a physician in seeing patients alone at their residences within the district specified, and they sought to restrain him from doing so in future. Various witnesses were examined on the meaning of the expression "consulting physician." Those for the plaintiffs, Dr. Wilson Fox, Dr. Andrew, and Dr. Gee, maintained that, according to usual professional understanding, a physician became a consulting physician only when he saw a patient in company with another medical man. The physicians examined for the defence, Dr. Allchin and Dr. Moore, maintained "that a consulting physician meant a physician who was consulted by anyone." Dr. Carpenter's view of his new position had been expressed in a circular to his own patients at the time of the dissolution of partnership in a way very favourable to the case of the plaintiffs. He said, "I shall only visit cases at their own residences, when residing in the Croydon district, in consultation with other medical men, such being the engagement entered into with my late partners, and in the future my position will be that of a consulting physician, and not that of a family attendant." This written statement was very much to the point of the case for the plaintiffs, and the judge interrupted the examination of Dr. Lanchester to say, "There could be no doubt that consulting physician meant consulting with another physician." After a discussion it was agreed that judgment should be entered for the plaintiffs for £50, the defendant undertaking to carry out the terms of the circular which he had issued to his patients. We entirely concur in the justice of this decision. We fear that strictly consulting physicians who never see a patient but in consultation with another physician or practitioner are very rare, but in the very nature of this case, and by his own showing, the defendant was meant to be restricted from seeing patients at their own houses save in association with other medical men.

CRIMINAL ABORTION.

AT the Central Criminal Court on March 19th Emanuel Truman (seventy-five), described as a labourer, and Thirza Eliza Truman (forty-five), his wife, were found guilty of manslaughter and sentenced respectively to fifteen and twelve years' penal servitude. The evidence showed that the prisoners had "by the administration of poisonous drugs and by other unlawful means" procured abortion on Eliza Ann West, a single woman. They were charged with the offence of wilful murder, but the jury taking a merciful view of the case returned a verdict of manslaughter only. Before sentence was passed it was stated on behalf of the prosecutor that there was reason to believe the convicts had been engaged in practices of this description for a considerable time. It is not our purpose to discuss the question of the adequacy of the punishment in this particular case. Considering the age of the man Truman, a sentence of fifteen years' penal servitude is practically equivalent to life-long confinement. Undoubtedly, he was the greater culprit of the two. Where husband and wife are jointly charged with the commission of a crime the law has generally recognised the greater responsibility of the former. Here the male prisoner was nearly double the age of his accomplice, and on other grounds his criminality was greater than hers, inasmuch as he represented himself as possessing professional qualifications, and thus held out a strong inducement to women who, like the deceased, find their particular infirmity a moral disgrace and a physical burden. It is curious to note how extensive is the sliding scale by which the guilt of criminal abortionists is measured. Quite recently, at the Liverpool Assizes, Mr. Justice Butt sentenced to death two persons convicted of having compassed the death of a young woman by procuring abortion upon her. The elder of these two convicts, Sarah Mallinson (fifty), actually committed the offence; the younger, Samuel Smart, twenty-eight, being an accessory before the fact. Thus, while in the Liverpool case there was a death sentence, afterwards commuted to penal servitude for life, the woman Truman at the Central Criminal Court escaped with twelve years. What we contend for is something like consistency in meting out the punishment which can scarcely be too severe if it is to deter others from embarking upon such a wicked and dangerous enterprise as that under consideration. We need not say that it is the bounden duty of medical men to use all the means in their power to aid justice in the detection and exposure of a practice which it is to be feared is far more common than is generally supposed. It was with regret that we read the evidence of Mr. Estcourt given at the Liverpool trial. He may have erred

from negligence only when he failed to communicate to the police the nature of the illness upon which he was consulted. It could not have been from ignorance, since he admitted that he knew "it was a felony to procure an abortion by drugs or instruments." The case was totally different from that which culminated in the suicide of the late Mr. Haffenden, for even if a medical practitioner is known to have procured abortion, the presumption is that it was done in the legal exercise of his calling; and the strongest evidence should be forthcoming before he is made answerable for his action, or, peradventure, the death of his patient.

INSPECTION OF LUNATIC ASYLUMS.

ATTENTION has been once more directed to the farcical nature of the visits of inspection paid by Commissioners in Lunacy to asylums, and the utterly groundless nature of the too prevalent belief that the insane are thereby protected. The Commissioners in Lunacy are inspectors of asylum buildings, asylum furniture, and asylum discipline. How far the performance of their functions under these specialities of work are carried out may be gathered from the condition of madhouses as regard their safety and the escape of their inmates in case of fire, and their internal arrangements and domestic discipline generally. We do not for a moment mean to imply that the gentlemen holding the office of Commissioners in Lunacy at the present time are not up to their work, or that they do not fulfil the requirements made of them with zeal and intelligence. We believe that the Board as constituted, from its revered chairman to its respected secretary, is, as regards the *personnel*, all that could be wished. The men are good, but the official machinery is deplorably deficient, and the whole system is wrong. No attempt is, or can be, made to render the visitation of the insane individual in its aim or character. The Lord Chancellor's visitors do visit the *patients* under their care, and so far as regards the organisation of the office of "Chancery visitors" is concerned, the arrangements are respectable. At Whitehall, however, there is practically nothing, cannot possibly be anything, in the shape of protection for the insane. The notion that the Commissioners in Lunacy inspect "madhouses," in so far as by that *inspection* is understood the supervision of the inmates of asylums, has no foundation in fact. The Commissioners see that certain entries in certificates, in journals and in returns, are formally made, and they "tick off" a certain number of names in books, but that is all, and that all amounts to nothing.

THE INDIAN SALT TAX.

THE fact that, since the reduction and equalisation of this tax in India, the consumption of salt has increased 10 per cent. is a very important one. This tax, next to, if not equally with, that on opium, is the chief source of revenue of our Indian Empire. Both the salt tax and the income derived from the opium trade must, however, be regarded as immoral sources of revenue. From the latter we receive emolument by the supply of a deleterious drug; from the former we derive a large revenue by the heavy taxation of a prime necessary of life—indeed of an essential physiological factor for healthy life. In tropical regions, as has been repeatedly demonstrated, diseases associated with, if not absolutely originating from, the introduction of organisms into the body are exceedingly rife. It has been recently stated that the bacillus of cholera has been discovered in a tank at Calcutta; and it has been abundantly proved that the filaria sanguinis hominis is introduced into the circulation through the stomach from the ingestion of water; whilst the carbuncular affections, of which the Delhi boil is a type, are generally supposed to result from the introduction of micro-organisms. Now, the abundant use of common salt has been shown to be a most efficient prophylactic against the development of intestinal parasites. Sheep which have free access to salt rarely, if ever, become victims to the fluke, although the parasite from which it is developed may abound in their pastures, as is shown by the fact that other sheep which have not had access to salt develop the disease if they graze in the same field. But, besides its effect in checking parasitic disease, common salt is required not only to supply the blood with a neutral salt, but also for many other physiological purposes too well known to need stating here. The necessity for the use of salt is more imperative with a vegetable than with an animal dietary, since the former contains less of this element than the latter. Muscular tissue contains nearly sufficient chloride of sodium to meet the requirements of the body—at least, only a slight addition is called for; but with a vegetable diet, especially rice, the quantity to be supplemented is considerable. As the diet of the Hindoo is almost entirely farinaceous and vegetable, it is a cruel injustice to impose a tax that renders a physiological necessary a high-priced luxury. It may be too much to expect the Government at once to abandon a source of revenue which yields so large a return, but it is not too much to ask that a considerable reduction should be made. The fact that the consumption of salt should have increased 10 per cent. since the last adjustment shows that it is not at all improbable that a further reduction of the salt tax would lead again to an increased consumption, and thus no loss to the revenue would be incurred.

CREMATION AND BURIAL.

THE disposal of the dead by burial, notwithstanding that it has held its place among the customs of Christendom for so long a period, is one which becomes increasingly open to question as the growth and concentration of communities become more apparent. If we look at the matter in its purely material aspect, it is clear that the noxious effects of decomposition are much less decisively obviated by this method than by the more rapid though ultimately similar process of cremation. The destiny of all vital substances, after they die, is to return to their chemical starting-point, and become the elemental components of the air, earth, and water, which yield the sustenance of other forms of life. If we bury them, we prolong the change; if we burn them, we hasten or anticipate it; but after a time the result in both cases is the same. It is well known that the transformation by the former means has its risks. Before now, cemeteries have been found to contaminate air and soil-water, to the serious harm of persons living in their neighbourhood. All such risks would be avoided by the practice of burning the dead. Hygiene therefore would decide in favour of the latter process. The great objection to the adoption of cremation, as we stated in our issue of the 15th inst., is that it completely destroys all vestiges of vegetable, volatile, or free acid poison, and equally of other signs of criminal procedure. To obviate this disadvantage, a coroner's inquest, with analyses and other scientific aids, would be necessary in each instance, and this implies a considerable expenditure, which must be weighed against the cost of burial. It seems to us, therefore, that for a long time to come only the rich will have an option as to whether earth or fire shall receive their remains. Sentiment must be allowed some range in a question of this kind. No doubt it has already yielded much to necessity in respect of the present custom. The first inhumation, and even more, the first sea burial, must have strongly stirred the feelings of the mourners, apart from the mere separation by death. Time has done much to lessen the original recoil, and association has

hallowed the established practice with a mournful beauty. In our day the repugnance is revived in regard to cremation, and as time goes on the question between the two methods is likely to recur, and perhaps it is not unreasonable to ask ourselves if, after all, it makes any real difference to us, physically or morally, whether the ultimate state of our bodies be one of dust or of ashes.

NURSING IN THE NAVY.

IN his speech on bringing forward the Navy Estimates, in the House of Commons, Mr. Campbell-Bannerman intimated the intention of the Admiralty to introduce some important alterations in the organisation of the nursing arrangements afloat and in hospitals. The system of employing as nurses men who had received no previous training, and of whose competence there was no practical guarantee, had been found very unsatisfactory, and the question of the best mode of improving this service was referred to a committee presided over by Admiral Hoskins. The report of this committee has been made, and is to be laid on the table of the House. In accordance with its recommendations, the Admiralty proposes to organise a trained sick berth staff, to replace the present male civilian nurses. This is to be recruited, as far as possible, from the boys of the Greenwich Hospital School. After they have passed through the usual training in seamanship in the training-ships, those selected for the purpose—and, we presume, willing to volunteer for such duty—are to be sent to Haslar Hospital for special instruction in nursing, and, if found fit, are then to receive their ratings as sick berth attendants. Promotion to higher ratings and increase of pay are to depend upon examination and good character, and the necessary measures will be taken to secure to them a fair share of home and foreign service in ships and hospitals. If this part of the new organisation is to be a success, it will require the exercise of great care in the selection of the boys, and their subsequent supervision during the period of training; but it is at least an experiment worth making. The difference between trained and untrained nurses involves serious results to the sick, and the practical working of the system therefore deserves the most watchful attention. With regard to the hospitals, it is intended to introduce a staff of trained lady nurses to superintend the nursing duties and the instruction of the boys on their first appointment. The success attending the employment of lady nurses for similar duties at Netley has been such as fully to justify its introduction into the naval hospitals. The adoption of the new system must of course be a matter of time, and we sincerely trust that it may be carried out with care and sound judgment, and under such well-considered regulations as may effectually prevent the failure of a change which seems to promise so well for the comfort of the sick and the efficiency of the hospital service.

PRESCRIBING DRUGGISTS.

INQUESTS were held last week by the Leeds Borough coroner on the bodies of two children, aged four years, who died without having had proper medical advice. In each case a chemist had been consulted. In one, *aconite* was prescribed and dispensed merely on the description of the malady given by the mother of the deceased. Shortly before the death of the child a qualified surgeon was called in, and he at once diagnosed "dropsy." Very properly he refused to give a certificate as to the cause of death, and equally properly the coroner ordered a post-mortem examination and an inquest. The jury returned a verdict in accordance with the medical evidence: "Uræmic poisoning from congestion of the kidneys, the result of scarlet fever." If we are correctly informed, the circumstances brought to light in the second case were even worse. Another chemist attended the child throughout its fatal illness, and he actually presented a death-certificate to the district registrar with the remark, "Do you decline to accept this certificate?" The reason for his putting such a question is very obvious. Had the certificate been registered in the usual way, without an intimation of its worthless nature, the person who signed it would have laid himself open to a criminal information. We regret that an autopsy was not considered necessary, since it is quite possible that the child succumbed to diphtheria. Moreover, as no medical opinion was taken, the testimony of the chemist received to some extent the approval of the coroner's court. We have over and over again exposed the mischief and danger of such a practice as that illustrated by the foregoing cases. Unfortunately at present the offence is only an infringement of the civil law, and legal proceedings are left to apathetic licensing bodies and individual practitioners.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.

TWENTY-FIVE years ago, after a public meeting held in the City to promote the foundation of this hospital, the following remarks were made by THE LANCET:—"Once founded, the first thing to claim attention will be the measure of utility characteristic of its career. That result will entirely depend on the selection of its medical officers; if they are well chosen, nothing but benefit can occur from the working of such an institution." Last week an influential meeting, presided over by the Lord Mayor, was held at the Mansion House in aid of the rebuilding fund of £16,000 still required for this national institution in Queen-square, Bloomsbury. Amongst others who addressed the meeting were Mr. Marshall, President of the Royal College of Surgeons, and Sir Risdon Bennett, late President of the Royal College of Physicians, who proposed and seconded a resolution to the following effect:—"That the work carried on during the past twenty-four years by the National Hospital for the Paralysed and Epileptic has been eminently valuable, alike in its relief of suffering among the poor in all parts of the kingdom, and in its relation to medical science." Each of these gentlemen (representing the two sides of the profession) bore testimony to the excellent work which has been done by the medical staff of the hospital, and incidentally therefore confirmed the opinion which we long ago expressed. For the hospital has been a success; of that there can be no doubt. So far as our experience goes, we have heard nothing but good of it. It has met a great want, and steering clear, as it has always done, of the sinister influences which are so apt to beset special hospitals, it has established itself firmly in the esteem of the profession. The new building is now rapidly rising, and promises to be a very complete example of hospital fitness. It is much to be hoped, both for the sake of the sick and for the cause of medical science, that its completion will not be delayed on account of deficiency of funds.

THE ALLEGED OUTBREAK OF CHOLERA IN DUBLIN.

THE rumour which within the last few days prevailed in Dublin that several deaths from cholera had occurred among the Scots Guards in the Richmond Barracks, Dublin, is, we are glad to say, unfounded. Two deaths took place on the 18th and 19th inst., but both were due to pulmonary disease; and we have it on the authority of Surgeon-Major Baker, who is in charge, that neither cholera nor any epidemic has broken out among the troops stationed there.

EDINBURGH UNIVERSITY FESTIVAL.

THE preparations for the tercentenary festival appear to be progressing satisfactorily. It is to extend over four days, from Tuesday, the 15th, to Friday, the 18th of April. It will include receptions by the municipal authorities, by the Dean and Faculty of Advocates, by the Royal Medical Society, and by the President and Council of the Royal Scottish Academy. The Royal Colleges of Physicians and Surgeons will entertain a select number of the members, by invitation, at luncheon and breakfast. The students are to get up a torch-light procession, a dramatic entertainment in the theatre, and a symposium in the Drill-hall. There will be a commemoration service in St. Giles's Cathedral (recently restored by the late Dr. Wm. Chambers), a *conversazione* in the hall of the University Library, an organ recital by Professor Sir Herbert Oakeley, and a concert under the auspices of the University Musical Society. The principal day will be Thursday, the 17th, when the tercentenary ceremonial will take place, including the reception of delegates from universities and other learned bodies, the conferring of honorary degrees in Divinity and Laws, and an address by the Chancellor of the University; in the evening there will be a banquet in the Drill-hall. We have no doubt that efforts will be made to render the whole affair worthy of the occasion, and that Edinburgh will not fail to give a cordial reception to the graduates of her celebrated University, and to the strangers who may assemble to join them in doing honour to their *alma mater*.

WOMEN DOCTORS FOR WOMEN.

NOTHING that has ever been urged in these columns against the pretensions of women to engage in the study and practice of medicine can be held to apply to the case of those countries in which women are as a sex secluded or so far kept apart that men may not minister to their needs in the matter of medical treatment. It is no part of our business to criticise the domestic policy which enforces this separation of the sexes. There is much to be said in its favour, and so far as the best interests of society and the scientific and social success of the profession of medicine are concerned, it might be well if separation—if not seclusion—were the custom of European communities. Meanwhile, the perils which beset male practitioners in their professional relations with the opposite sex are too many and too great to leave any room for deep or lasting regret if the women of Western Europe were henceforth to be attended by practitioners of their own sex. We do not think they would be as well cared for as they are now, and we are of opinion that emergencies must, from time to time, arise in which medical men would be required to interpose; but for many of the maladies peculiar to the sex the services of female practitioners might suffice. It must, however, be understood that the necessity — if need should ever exist — for this concession will arise solely from the ingratitude which women seem inclined to show for the endeavour which the medical profession as at present constituted has made to help them, and the ungracious and unjust spirit in which the sex as a whole is disposed to regard the persecution to which too many members of our profession have been recently subjected. We do not think that the medical profession is called upon to defend itself against broadcast imputations on its honour and probity in the matter of practice among women. We regret that any medical man should deem it worth his while to offer an apology for his sex in this regard, or to put in any claim for a continuance of confidence. The medical profession has a clear conscience in this matter, and neither the gynæcologists as a special class nor the general practitioners of this country as a body have the least occasion to say one word to make good their position, or to urge a single argument in support of their claim to respect and trust in their social or professional relations with the opposite sex. If women desire to be attended by women, by all means let it be so. All we ask is that these persons may be taught in schools and classes reserved for them, and that in the practice of their art they do not—as in a recent prominent case—interfere in the treatment of men.

INTERNATIONAL HEALTH EXHIBITION.

THE Executive Council have assigned a large room to be used as a reading-room and library in connexion with this Exhibition. Authors, publishers, and others are invited to send copies of works on subjects embraced in either of the two divisions of the exhibition—Health and Education. Works dealing with vital statistics; injurious trades, and national regulations affecting such trades; reports and regulations on public health of national and central authorities (i.e., excluding merely municipal regulations and reports); reports, statistics, and other matters on education—are specially desired by the Executive Council. It is hoped that not only Great Britain, but also India, the Continent, and America, will join in the collection of books. Current numbers of periodicals would also be welcomed for the reading-room table. The books received will be classified and catalogued, and made available for use in the reading-room and library by the public visiting the Exhibition. A catalogue will also be printed for circulation. All packages containing books should be forwarded, carriage paid, to the Secretary of the Library Committee, Royal Albert Hall, W. The Executive Council cannot hold themselves responsible for any loss or damage to books sent in by exhibitors, but a reference to the regulations will show that every precaution has been taken.

HOSPITAL FOR SICK CHILDREN.

AN eloquent appeal to the public was made by Sir William Gull on Wednesday night last in behalf of the funds of this hospital. The occasion was the anniversary festival of the charity, held at Willis's Rooms, St. James's. In proposing the toast of the evening, Sir William Gull dwelt in forcible terms on the wants of the institution. There appeared to be want of funds for the maintenance of the present state of affairs, and also for the completion of the building as originally designed. If the erection were finished, eighty more beds would be added to the present 120, the cost of administration would be lessened, accommodation for the working staff would be more complete, and separate wards would be provided for the treatment of diphtheria and whooping-cough. The great need which existed for a complete set of baths was also fully demonstrated.

SALICYLIC ACID IN WINE.

THE Syndicate of the Bordeaux wine merchants has fought in the various law courts of France to maintain the right of preserving wine by the aid of salicylic acid. Though the Consulting Committee of Hygiene for France has condemned this practice, the wine merchants' syndicate has been bold enough to petition the French Chambers on the subject. The tribunals have convicted and sentenced severely persons proved guilty of introducing salicylic acid in wine; but the Court of Appeal of Bordeaux, yielding to local influence, sanctioned the practice. The matter was therefore referred, for final decision, to the Cour de Cassation at Paris, and the sentence pronounced laid down the principle that, though salicylic acid when used in certain proportions was not likely to injure any alimentary substance, nevertheless the sale of any wine or food containing even the smallest

quantity of this acid must be rigorously forbidden. The reason for this very necessary injunction is easily understood. Wine, especially, changes hands so frequently that it would be impossible to check the amount of salicylic acid introduced if the use of any quantity whatsoever was allowed. The ravages caused by the phylloxera have rendered the admixture of Spanish and Italian wines with the French wines a matter of absolute necessity. But the former wines contain so large a proportion of sugar that when they reach the consumer and are exposed to the heat of apartments, &c., a second fermentation is likely to set in. To prevent this, antiseptics, and especially salicylic acid, have been used in such large quantities, that Dr. Brouardel detected as much as one gramme in a litre of wine. These facts are of almost as great interest on this as on the other side of the Channel; for, now that the Court of Final Appeal has rendered the sale of wines containing salicylic acid a penal offence in France, it is more than probable that these wines will be sent over to England.

THE WOUNDED IN EGYPT.

OUR special correspondent at Suez gives interesting details of the arrangements carried out for the care of the wounded in the recent engagements in the Soudan. A hospital, consisting of ten marquees and a permanent building, had been prepared for their reception at Suez. On March 9th the *Jumna* arrived in the docks at Suez with the sick and wounded on board. A special train was in readiness to convey them to the hospital, a distance of about three miles, third-class carriages being employed from which the seats had been removed, and in which trusses of hay had been arranged to support the stretchers—a mode of transport found to work very satisfactorily in the Egyptian campaign. The men were sent up in two divisions, the slighter cases being despatched first and all the bad cases afterwards. They were immediately told off to their wards, and everything necessary in the way of diet was at once given them. There were very few gunshot wounds, most of them being from spears and swords, and some of a very formidable character. The necessary operations were performed, the wounds being dressed with strict attention to Listerism, and the results are stated to have been so far most satisfactory. The work has been severe upon the medical officers and nurses, and has been done zealously, efficiently, and with right good will. We trust that when the service is over the labours of the staff at the Suez Hospital will not be ignored or forgotten. The cases of General Baker and Colonel Burnaby are both reported to be progressing favourably.

DEATH FROM STRYCHNIA POISONING.

AN adjourned inquest on the body of a girl named Hannah Head was held at Warsop on March 18th, before Dr. Housley, the district coroner. The following facts were sworn to. Some strychnia had been obtained from a chemist's on more than one occasion by the stepmother of the deceased, for the purpose, as she alleged, of destroying rats. Shortly before her death the deceased was told by her father to get some Epsom salts. These were sold to her in a packet with the vendor's name printed on the label. After taking some of the salts the girl showed symptoms of tetanic spasm, which ended in her death. An analysis of the stomach and its contents, and of the remainder of the salts, revealed the presence of strychnia, and in sufficient quantity to account for death. The life of the deceased was insured by her parents. The chemist deposed that there was no strychnia in the salts at the time the latter were purchased from him. If this statement can be relied upon, it shows that the two must have been mixed at the home of the deceased, where the packet was opened, but whether from accident or design no evidence was forthcoming. It would be illogical to read some points in this case by the light of recent events alone; thus it does not follow that, because an insurance had been effected on the life of the deceased, and that she died from strychnia poisoning, there is necessarily any causal relationship between the two facts. At most they only suggest a possible motive. It is of the highest importance that an analysis should be made of some salts taken from the same source as that from which the deceased obtained the packet. The jury returned an open verdict.

THE WESTMINSTER WORKHOUSE.

WE are pleased to be able to announce that there seems good ground for hoping that fresh blood may speedily be imported into the Board of Guardians of the Westminster Union, the management of the workhouse of which has been frequently of late the subject of severe and just criticism. From the documents transmitted to us we learn that in St. Anne's, Soho, one of the parishes of the union, the candidates who have come forward have been nominated by the clergy of all denominations, the leading ratepayers, and others; whilst in St. James's we perceive that the list of nominators includes the Bishop of London, the Marquis of Waterford, the Marquis of Bristol, Earl Cowper, Sir Stafford Northcote, Sir W. Bowman, Baron Henry de Worms, and a crowd of other political notabilities resident in St. James's, as well as several leading firms. We sincerely trust that this effort in the interests of the poor and afflicted will meet with success.

DIVING IN BATHS.

WHY will bathers in shallow baths try to dive? Surely it must be obvious to the most unreflecting mind that no man can measure his distance in plunging so accurately as to do away with the risk of striking the bottom. The buoyancy or resistance of the water is not great, and its depth is not to be judged by appearance as seen from the surface. Too much allowance is made for the effect of refraction. Plunging and diving ought to be wholly interdicted. The managers of baths render themselves responsible for the accidents that occur by providing boards for the very purpose of diving when the act cannot be performed without danger. This is a matter that should have attention. Of course these remarks do not apply to the case of blind or nearly blind men diving. Obviously such a perilous proceeding ought never to be permitted. Our observations are based on the danger which prevails in connexion with a large proportion of swimming-baths throughout the country.

A FRENCH MEDICAL BILL.

M. CHEVANDIER has submitted to the French Chambers a project of law to control more effectively the right of practising medicine in France. This matter, however, seemed of so technical a nature that the Assembly would not venture to pronounce any decision without being first enlightened by the report of a special commission. This commission has accordingly been constituted, with M. Joubert as president and M. Fréry as vice-president. Already some sittings have been held, and the commission seems fairly unanimous on the points at issue. It is generally agreed that no one should be allowed to practise who has not acquired the degree of doctor in medicine, and that severe penalties should be enforced against the illegal exercise of medicine. This alone does not, however, satisfy the commission; a strong desire is manifested to strengthen the law against quack remedies, &c. Even the question of pilgrimages has been studied, and the position of the excur-

sionists to the shrine of Notre Dame de Lourdes may become seriously comprised. On all these matters the commission has worked in harmony with the Association Générale des Médecins de France. Now that the doctors agree, the question remains as to whether the deputies will be equally fortunate.

THE GERMAN MEDICAL CONGRESS.

THE full programme of the approaching Medical Congress at Berlin has been issued by the committee, consisting of Dr. Gerhardt (Würzburg), Leyden (Berlin), v. Liebermeister (Tübingen), Märklin (Wiesbaden), and Pfeiffer (Wiesbaden), the last named being the secretary. On the evening of the 20th of April a reception will take place at the Kaiserhof Hotel. At 10 A.M. on the 21st the first meeting will be held in the large hall of the Architectenhaus (Wilhelmstrasse 92), when Dr. Frerichs, the president, will deliver his opening address. We have already mentioned the titles of the discussions and of most of the papers to be read. On Wednesday, the 23rd, a dinner in honour of Professor Frerichs will be given at the Kaiserhof; and at the final general meeting on the 24th the subjects to be discussed at the next annual gathering and the place of meeting will be arranged. Arrangements have been made for the reception of guests and for visits to public institutions, &c., during the week.

IN the report of the examination made by Colonel Sir Francis Bolton, C.E., of the water supplied by the several metropolitan water companies during the month of February, it is stated that during the early part of the month the Thames was at high flood, and consequently the water supplied from this river by some of the companies contained a very large proportion of organic matter. The water drawn from the Lea and distributed by the New River and East London Companies contained less organic matter than any of the Thames waters, and but slightly differed from the samples of the previous month. All the waters were clear and transparent, with the exception of those of the Southwark and West Middlesex Companies, which were slightly turbid.

MESSRS. CROOKES, ODLING, and TIDY in their report on the composition and quality of daily samples of the water supplied to London for the month ending February 29th, state that all the samples examined, 175 in number, were, without exception, clear, bright, and well filtered. The degree of freedom from organic matter was exceptionally high for the season of the year.

THE late Baroness de Rothschild has, amongst others, made the following charitable bequests:—To the London Hospital, £10,000; to the Evelina Hospital, £10,000; to the West London Hospital, £3000; to the Clementina Hospital at Frankfort, £3000; to the German Hospital, £2000; to the Metropolitan Free Hospital, £2000; to the Buckinghamshire Infirmary, Aylesbury, £1000; to the Royal Sea-bathing Infirmary, Margate, £1000; to the Hospital for Incurables, Putney, £1000; to St. George's Hospital, £500. For upwards of a quarter of a century the Home for Incurables has been carried on at the sole expense of the late Baroness, and it is understood that her sons have decided to continue all her benefactions as during her lifetime.

WE learn that the following gentlemen are candidates for the Cambridge chair of Pathology, in addition to Dr. Joseph Coats, whose name we announced in this connexion last week:—Prof. Hamilton, of Aberdeen; Dr. Woodhead, of Edinburgh; Dr. Roy, of the Brown Institution; Dr. Creighton, formerly Demonstrator of Anatomy at Cambridge.

A CARTWRIGHT medal or prize for an essay on Dental Surgery, scientific or otherwise, has just been founded by the Association of Surgeons practising Dental Surgery, in honour of its president, Mr. Samuel Cartwright, F.R.C.S. The award is to be made either biennially or triennially, and is open for competition by registrable medical practitioners. Subscriptions or donations will be received by Mr. Hamilton Craigie, 13, Savile-row, London, W.

A MEETING of the Council of Queen's College, Cork, was held last Monday, for the purpose of considering the recent publicity given to the manner in which the affairs of the institution are conducted. The proceedings were private, but it is generally believed that the authorities intend to ask for the appointment of a Royal Commission to examine into the management of the College.

THE thirteenth Annual Congress of German Surgeons meets at Berlin on April 13th to 19th, under the presidency of Professor von Langenbeck. Among the subjects to be discussed are the following:—The Physiological Relations between the Spleen and the Thyroid Glands; Treatment of Paraplegia from Pott's Disease; the Ferment-intoxication from Blood-cysts; Massage.

SIR ALEXANDER MORRISON recognised the value of incentives to good conduct on the part of asylum attendants in Scotland. His fund for the reward of meritorious services is extant, and has just been administered. It would be well if a fund having the same object, and on a suitable scale, could be established in England.

WE are glad to see signs that Mr. George Smith's Canal Boats Act Amendment Bill is obtaining the sympathy which it undoubtedly deserves. The Manchester Corporation has been considering the measure, and is likely to give it active support.

DR. ALLEN THOMSON, Professor of Anatomy in the University of Glasgow from 1848 to 1877, died in London on the 21st instant. We hope in an early number to publish an obituary notice of this well-known scientist.

IT is stated to be not unlikely that Mr. Anderson's Bill, to suppress tame pigeon shooting, will be introduced into the Upper House if an opportunity should not arise to discuss it in the Commons.

AT a *conversazione* of the Calcutta Medical College on Jan. 16th, Drs. Koch, Fischer, and Gaffky gave a demonstration of their method of detecting and cultivating micro-organisms.

DR. CHARLES FARRAR is, we understand, a candidate for the office of Coroner for the Northern Division of the Isle of Ely, rendered vacant by the death of Captain Barker.

A CASE of invagination of the small intestine occurring in a female aged seventy-one is recorded in the *France Médicale* for March 15th.

THE President of the Medical Council, Dr. Acland, C.B., F.R.S., entertained a party of members and friends at breakfast at Limmer's Hotel on the 25th inst.

THE funds of the Saffron Walden Hospital have been benefited to the extent of £2000 by the will of the late Mr. G. S. Gibson.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

MEETING OF FELLOWS AND MEMBERS.

ON Monday last a meeting of the Fellows and Members of the College, specially summoned by the Council, was held in the theatre, to take into consideration certain proposed alterations in the Charters of the College, adopted by the Council on Jan. 10th. The chair was taken by Mr. John Marshall, President of the College.

The SECRETARY (Mr. Trimmer) having read the notice convening the meeting,

The PRESIDENT said he felt the honour and the responsibility of the position which he filled, and he would do his utmost to make the meeting a successful one. The presence of nearly all the members of the Council, in fact of all who could possibly attend, was a sufficient indication of the interest they took in the proceedings. They were perfectly ready that their conduct in the past should undergo the utmost scrutiny; and their desire was that, whatever the result of the proceedings might be, they might be consonant with the character of the College, and promote its future dignity and welfare. The questions they were met to consider related to the Charter or Charters, and no business could be properly discussed excepting such as related to the proposed alterations to be made in them. It would be seen that there were two divisions of the subject before him: first, the alterations proposed by the Council; and, secondly, such recommendations and suggestions as the meeting might wish to make to the Council in return. The alterations proposed by the Council were not verbal. The words of a Charter could not be altered, but they might be abrogated, and their force more or less modified by some supplementary proceeding. What he had to direct their attention to was the aim and object of those alterations, not the form in which they should be ultimately carried out, and therefore it would be for the meeting simply to see whether they agreed with the aim and object of a given alteration, leaving the Council to consider with its legal advisers the mode in which such changes should actually be carried out. With regard to the second part of the proceedings, that which related to the bringing forward of recommendations or suggestions to the Council, he would defer any remarks until the period when they would be discussed. He then asked the secretary to read the proposed alterations *seriatim*.

The first proposition was "that the following section of the Charter of George IV., which restricts the amount of property in lands or rents to be held by the College to £2000, be altered so as to provide that such amount be increased to £10,000."

The PRESIDENT said the proposition before them was not the distribution of the funds of the College, but as to the amount that they might hold, and therefore the amendment, which Mr. Forrest had handed in, would not be in order at that particular period of the meeting. He should be happy to receive it as a distinct resolution afterwards.

Mr. COLLUM (Kingston) said he would propose that no sum of money should be mentioned, but that the College should be allowed to retain whatever money they had in hand. He thought they ought not to be limited to £10,000 or any other amount.

Mr. TWEEDY asked whether it would not be necessary to state some amount in the Charter; the Crown would not sanction a Charter which did not state a specific sum.

Mr. COLLUM then moved as an amendment, which was seconded by Mr. DORAN, "that the sum be left an open matter."

The PRESIDENT ruled that the amendment could not be brought forward, it being a rule of the Crown not to permit an unlimited holding of property.

The amendment was then withdrawn, and the resolution was agreed to.

The second proposition was then read as follows:—"That Section 5 of the Charter of the 7th Victoria be altered so as to provide that the conditions of admission to the Fellowship by examination and the arrangements for the examinations for the same, be in future determined by resolutions of the Council, and not by bye-laws as required by such section."

The PRESIDENT said the explanation of the proposal was simply this. The obtaining of a bye-law was rather a tedious process, and that being so, the bye-laws frequently had to wait until there was an accumulation of two or three which could be passed at one time. The fact was that the rules for the examination of Members were carried all of them by resolution of the Council; but, on the other hand, those relating to the Fellowship had hitherto been carried by bye-law. The Members really stood in a closer relation to the interests of the public, and therefore required greater watching on the part of the State than the Fellows did, for whilst the Fellowship was an ornamental title, Membership gave a person a right to practise amongst Her Majesty's liege subjects. If the State was required to be more cautious about any one of their diplomas than another, it would be about the Membership diploma, and not the Fellowship. The inconsistency, therefore, existed, that whilst the State was satisfied to leave in the hands of the Council the requirements for the education and examination of Members, it interfered by their Charter with their Fellowship. He thought the two things should be brought into harmony, and that the less important title might be governed by the Council if the more important title in a public point of view was, as was the case, entirely left in their hands. As a single illustration of what might happen he mentioned that the bye-laws of the College allowed a M.A. or a B.A. a certain privilege in relation to the Fellowship examination—namely, that he might come up after five years' study instead of six. They had recently introduced into the University Bachelors of Science as well as of Arts, and it had been under the consideration of the Council for some time past that Bachelors of Science should have the same privilege of shortening their period of education as was possessed by Masters of Arts or Bachelors of Arts. At present they had to go through the tedious process of applying to the Secretary of State to get permission to carry this out. This was a mere illustration of what they wished to be free to do—to make such changes as should enable the Council from time to time to adapt the requirements of the Fellowship examination to the necessities of the time. This change, however, was not merely based upon administrative grounds. No doubt the College of Fellows could watch the proceedings carefully, but he might remind them that no change in the Fellowship examination could take place unless by notice of motion at one Council, the discussion of the change at another Council, and its confirmation at a third. There could be no doubt therefore that the Fellows would be informed of every change which was intended or contemplated. They must remember that the Council was gradually becoming composed of Members by examination, and he asked therefore whether they could hesitate to place in the hands of such a Council the requirement of the future bye-laws. The Council was not particularly tied to the resolution; but having maturely considered it, they believed it would facilitate the working of the business of the College if this matter were transferred from the bye-laws to resolutions of the Council.

Mr. TWEEDY said the meeting was very much indebted to the President for the careful consideration that he had evidently given to the alteration. Unfortunately he (Mr. Tweedy) was compelled to draw an entirely different conclusion from the arguments that had been used, and he had to move as an amendment, "That in the opinion of this meeting any alteration in the Charter enabling the Council to determine the arrangements for the examination of the Fellowship by resolutions of the Council instead of by bye-laws would be likely to tend to the relaxation of the conditions of admission to the Fellowship, which is not expedient." The reasons which prompted him to move that amendment were these:—In the first place the class of Fellows was instituted for a distinct and specific purpose. The clear intention of the Charter was that the class of Fellows should be academically higher than, and their general and professional attainments superior to, those of the ordinary Members; and in consideration of the special demand made upon candidates for the Fellowship special privileges were granted to them. They became the electoral body from the time of the Charter of the 7th Victoria; they had the privilege of electing members of the Council, and in turn members of the Council had been elected from the body of Fellows, and not self-elected by the Council as before. Moreover, the Fellowship was now required for most of the higher surgical

appointments in the great hospitals; indeed it was indispensable to nearly all surgical appointments in London. Those who had obtained the Fellowship under the existing regulations had done so at a great cost of time, trouble, and money. The time was not to be reckoned by the six years' curriculum, for assuming that a youth entered the medical profession at the age of seventeen, he was unable to take a Fellowship until he was twenty-five, and therefore to all intents and purposes he had a curriculum of eight years. Then with regard to trouble, most of those who were Fellows had to pass a preliminary examination in extra subjects and to pay the cost of extra lectures and examinations. The extra years necessary for the Fellowship cost the student £300 or £500 more than the Membership; in fact the cost of the Fellowship was nearly double. Remembering all these things, the motive for establishing the Fellowship, the electoral and collegiate privileges which the Fellows enjoyed, the responsibilities attaching to them, the professional importance belonging to the Fellowship, and the great sacrifices that they had had to make, he thought it was not desirable that the conditions under which those sacrifices had to be made should be determined by resolution of Council rather than by Charter and bye-law, which, as the President had said, required the sanction of the Home Secretary for their adoption or alteration. It was in the highest degree important for the welfare of the public and the interests of the College that those conditions should not be liable to be capriciously and unnecessarily disturbed from time to time. Moreover, granting that the present Council was not likely to relax the conditions of admission to the Membership there was no guarantee that a future Council might be equally strict. Hitherto, by maintaining a high standard of examinations the College had made its Fellowship an honour to English surgeons, whereas the sister Corporation of Edinburgh, by its base trafficking in its Fellowship, had made it a byword in the nation and a reproach to nearly all who possessed them. To show that the possibility of a future Council unnecessarily relaxing the conditions for admission to the Fellowship was not imaginary, he mentioned that at a Council meeting held in December, 1873, Professor Humphry brought forward a motion proposing to open the Fellowship to Members of only two years' standing. The subject was referred to a committee, which took two years and three months to prepare its report, and when that report was at length presented it was so unsatisfactory that it was referred back for reconsideration. An amended report was presented on April 13th, 1876, and on that the present regulations relating to the Fellowship were framed. There had been a persistent and steady tendency on the part of the Council to increase the number of Fellows by relaxing the conditions of admission; this tendency was likely to continue, and there was a serious risk that it might eventuate in making the Fellowship an ornamental decoration, instead of that honourable distinction, such as Sir Benjamin Brodie, one of its authors, intended it to be. The extra preliminary examination had been given up. The persistent attempts to smooth the way to the Fellowship contravened the spirit and intention of the founders of the class. He did not mean to assert that the examinations were not difficult; they were perhaps, as examinations, somewhat too difficult, but he maintained that they were rather a test of what a man knew than of what he could do. These relaxations had taken place under the existing regulations, when the Council had been hampered by the bye-law, and if the Council could do these things at present, what would it do when it was perfectly untrammelled? They asked that these things should be determined by resolution. He wished to know what a resolution of Council meant. It had been held that the resolution of one Council did not bind another, so that any resolution might become a dead letter.

The PRESIDENT said that no decision of a resolution could take place without notice, argument, and confirmation.

Mr. TWEEDY said the Council had passed resolutions of very great importance, which had never yet been carried into effect. For instance, fourteen years ago Mr. Quain moved, "That it is desirable that not less than one half of the members of the Court of Examiners should be Fellows who are not, and have not been, members of Council." That was passed, but it had never been acted upon. At the present time every member of the Court of Examiners was on the Council, and one member of the Board of Examiners; so that the examiners had eleven members in the Council. He thought therefore that in the interests of the Fellows and of the College it was not desirable that the regulations relating to the Fellowship should be determined by resolution of Council instead of by bye-law, and for that reason he moved his amendment.

Mr. WICKHAM BARNES seconded the amendment.

Mr. COLLUM suggested the addition of the words "subject to the approval of a general meeting."

Mr. NELSON HARDY seconded the addition.

The PRESIDENT explained with reference to the resolution passed by the Council that four members of the Court of Examiners should be other than members of the Council, that it would really at the time have been contrary to the charter, and was now contrary to the charter. There was no provision therein for any such arrangement; and, although by a resolution the Council might really express its opinion and desire that such a thing should be done, and as quickly as possible, still it was found impossible to carry it out. He might mention, however, that there had been instances of persons being appointed on the Court of Examiners who were not members of the Council—for example, his friends, Mr. Savory and Mr. Holmes, were examiners before they were on the Council. With regard to the supposition that the Council was careless as to the character of their Fellowship, he stated emphatically that the interest they had always felt in maintaining the Fellowship had been so great that, so far from its being open with greater facility to persons to acquire, on the contrary, its acquisition had of late years become rather more difficult than it used to be. Yet they had relaxed certain conditions. They had always the charge of the examinations; and everyone would admit that the examinations for the Final Fellowship were certainly not relaxed, but, on the contrary, had become more and more difficult to pass.

Mr. BARTLEET wished to know whether he was to understand the President as saying that the Council had passed resolutions inconsistent with the provisions of the Charter.

The PRESIDENT said a clear distinction must be drawn between a resolution of the Council, which was intended to be directly operative when it was confirmed, and a resolution expressing an opinion of what the majority thought might or should be done, but which was not a resolution of an operative kind. It was only in that way that amelioration could be got. The resolution referred to was not operative and could not be, because it was inconsistent with the Charter, although it was perfectly consistent to pass such a resolution as an expression of opinion.

The amendment was then put to the meeting, and declared to be lost, 30 voting in its favour and 32 against.

Mr. NELSON HARDY then proposed as amendment: "That the second proposed alteration in the Charter be adopted subject to the special alterations being submitted for the approval of a general meeting of the Members and Fellows."

The amendment having been seconded was, after some discussion, put to the meeting, and declared to be lost.

The original resolution was then carried, 42 voting in its favour and 23 against.

The third proposition was then read, "That in Section 7 of the Charter of the 7th Victoria, the amount of the fee payable for the Fellowship by examination be omitted, leaving such amount to be provided for by bye-law."

Mr. BARTLEET said it seemed to him that they were voting away all their liberties. They first put it into the power of the Council if at any time they wished to lower the examination to any possible limit to do so, and now they were going to put it in their power to admit them to the Fellowship for a guinea apiece. He did not suppose it was likely that the present Council or any succeeding one would adopt such a course, but they had to deal with possibilities. There might be a Council some fifty years hence, who, if they were opposed by the Fellows, might take it into their heads to lower the Fellowship examination below that of the Membership and to admit them for a nominal fee. He moved as an amendment "that the fee for examination for Fellowship stand as at present."

Mr. SWAIN seconded the amendment.

The PRESIDENT explained that the object of the proposed alteration was that the amount of the fee should still be fixed, but that it should not be fixed at so low a sum as thirty guineas. The fact was that the examinations for a Fellowship were so numerous that it actually cost the College more to make a Fellow than he paid, and therefore it was necessary that the fee should be increased.

That explanation being given, the amendment was withdrawn, and the resolution was agreed to.

The next alteration was as follows, "That Sections 15 and 16 of the Charter of the 7th Victoria be altered so as to provide that the mode of election to the Council may be by voting papers as well as in person, the quorum of Fellows required to be present at the meeting for election being omitted from such sections, it being desirable that in future such quorum be determined by bye-law instead of by Charter."

Mr. WHEELHOUSE (Leeds) said that last year considerable irritation had been expressed at the necessity of gentlemen coming all the way to London in order to vote at the election of members of Council. For fifty years past that had been a grievance in the College. On many occasions that grievance had been attempted to be redressed, but hitherto unsuccessfully. He was now authorised on the part of the Association of Fellows to bring up a resolution passed on Thursday last to the following effect:—"That the officers of this Association be authorised to state at the meeting of the College on the 24th inst. that the concession announced by the Council includes all the objects for which the Association has contended, and that it desires to recognise the readiness and grace with which the Council have acceded to their wishes."

The resolution was then agreed to.

It was also agreed, "That in Section 5 of the Charter of the 15th Victoria the words beginning 'and that the fee,' &c., to the end of the section be struck out, it being undesirable that any fee should be paid by Members of twenty years' standing on election to the Fellowship."

The sixth recommendation of the Council was:—"That Section 17 of the Charter of the 15th Victoria be abrogated, it being inexpedient to continue the examinations for the licence in Midwifery of the College."

The PRESIDENT explained that the object of this was that they might no longer be able to put a person upon the Medical Register by virtue of his passing the Licentiateship of the College in midwifery. It must not be understood that they were to abandon examinations in midwifery, but under their Charter they had power to examine persons for a licence in midwifery, and the licence admitted them to be placed on the Register. It was thought desirable that this should be abrogated, because it was just possible that pertinacious persons might get a mandamus to compel the Council to grant this examination.

The resolution was agreed to.

It was also resolved, "That Sections 1 and 2 of the Charter of the 23rd Victoria be altered so as to provide that the number of members of the Board of Examiners in Dental Surgery may, if thought desirable by the Council, be increased beyond six, the present number, and that the Section of the Board consisting of persons skilled in dental surgery be restricted to dental practitioners duly registered under the Dentists Act of 1878."

The PRESIDENT said that any propositions submitted during the remainder of the meeting in order to be regular would have to come in the form of recommendations to the Council, and must have reference to the Charters of the College. Mr. Swain had handed in a written proposition which would be first discussed. It contained a number of distinct proposals, and he would therefore submit them separately to the meeting.

Mr. SWAIN then moved—(1) "That in the opinion of this meeting it will materially conduce to the welfare of the College that the Fellows should be invested with a larger share of its management. (2) That it is desirable that no alteration in the constitution or relations of the College shall be effected without the consent of the Fellows convened to discuss such alteration. (3) That there shall be an annual meeting of the Fellows, at which the annual report of the Council shall be presented, received, and adopted. (4) That at such meeting the President for the ensuing year be elected by a majority of the Fellows present. (5) That the Charters be so altered as to give this resolution effect." The fact of the Council having called the Fellows and Members together to discuss the alterations was sufficient to show that they were quite ready to take into consideration any proposals that were made with regard to the management of the College. There was no great institution of that kind in England where the sole management of affairs was vested in a small Council without any authority being derived from Fellows and Members. The College of Physicians, London, the College of Physicians, Edinburgh, the Royal College of Surgeons, Edinburgh, the Faculty of Physicians and Surgeons, Glasgow, and the Royal College of Surgeons, Ireland, continually held meetings of Fellows and Members; and the Royal College of Surgeons, England, was the only medical corporation in the kingdom that had not the power of regulating its internal arrangements by such means. Probably the Council itself would agree to the first clause of the resolution, but it naturally led on to the next clause. If it was thought desirable that the Fellows should have a larger share in the management, the mode in which the principle should be carried out was only a matter of detail, and there could be no better method of carrying it out than by calling the Fellows and Members together periodically to discuss the important questions that were continually coming before the Council. If that were done the annual report of the College would be submitted, as in every other institution, to the Fellows, who would discuss it, and would have the power of adopting, rejecting, or amending it. With regard to the election of the President, he believed that he was right in saying that the President was elected by rotation, which, he thought, was not the best method that could be adopted. Of the past it might be said *De mortuis nil nisi bonum*, and they could all honestly say that there was no member at present on the Council whom they would not be willing to see in the presidential chair. But in times to come heaven only knew what might happen. In the present progress of education they might so deteriorate that by some mischance there might be on the Council a gentleman eminently unfit to occupy the chair, and if when his turn came he was passed over a slur would be cast upon his reputation from which he would never recover. If the election of the President was in the hands of the Fellows he was certain that the confidence would not be misplaced, and that they might be trusted to elect a gentleman who would worthily fill the office, as, indeed, it was filled in the present instance.

Mr. OLIVER PEMBERTON seconded the motion.

Mr. COLLUM was astonished at such a proposition. According to THE LANCET there were 16,258 Members of the College, and it was proposed that all the business was to be carried on by 1100. The College, he thought, would be very much strengthened by enlarging the constituency. He had been a great deal abroad, and had never heard a word of the College of Surgeons, and he could account for it in no other way than by the fact that the Members were severed from the Fellows. He had never known the College stand up to defend the officers of the Army and Navy or the Indian service. Years ago, when it was proposed to refuse naval officers the right of being admitted presentation to Her Majesty, Mr. Wakley stood up to oppose it, but the members of the Council did not support him. He hoped that the matter would be warmly taken up.

The first clause of the resolution was then put, and carried by a large majority.

On the second clause being proposed,

Mr. NELSON HARDY suggested that the words "and Members" should be inserted after "Fellows."

Mr. SWAIN said he was willing to accept the suggestion, so that the Members as well as the Fellows might be consulted on the business of the College.

Mr. OLIVER PEMBERTON, as the seconder of the motion, assented to the proposed modification.

The second clause of the resolution as amended was then put and adopted.

Clause 3 of the resolution was modified in a similar manner by the addition of the words "and Members," and thus amended was adopted without discussion.

Clause 4 (relating to the election of the President by a majority of the Fellows) was then proposed, and on the suggestion of a similar amendment,

Mr. SWAIN declined to accede to it, thinking that the privilege of selecting the President should be confined to the Fellows. He could only say that if any Member desired the privileges of Fellowship let him gain them. He had spent time and money and intellect in acquiring his privileges, and he had a right to defend them. Any Member had a right to obtain the same honour if he chose to take the trouble, but if he did not do so he had no right to filch from others that which they had obtained.

Mr. JOSEPH SMITH said that as a Member he had also a right to maintain the honour of the College, and he regarded Mr. Swain's remarks as an insult to the Members.

Mr. SWAIN did not deny Mr. Smith's right to maintain the honour of the College, but he had certain rights and privileges which as a Fellow he was bound to protect.

Mr. JOSEPH SMITH proposed as an amendment the addition of the words "and Members" to the clause in the resolution.

Mr. COLLUM seconded the amendment.

Mr. VINCENT JACKSON quite agreed that the Members ought to be a little more to the fore, but he thought that as the Fellows elected the Council they should also have a right to elect the President from that body. He hoped therefore that the matter might be left in the hands of the Fellows themselves.

Dr. PURVIS moved the "previous question," which was seconded by Mr. John Smith.

The PRESIDENT then explained the effect of the proposal of "the previous question," which, he said, required him to put from the chair, "That the principal question" (namely, the amendment of Mr. Joseph Smith) "be now put," and those who objected to it would vote in the negative.

The question was so submitted by the President, and was negatived by a large majority. The amendment was accordingly lost.

The PRESIDENT then put the original motion, on which "the previous question" was again moved by Dr. Purvis and seconded by Mr. John Smith.

This was agreed to, and thereupon the original motion was put and adopted.

The last clause of the resolution, proposing that the Charters be altered to give effect to the proposals, was adopted without discussion.

Mr. COLLUM inquired whether there was any appeal from the decision of the meeting, and said he thought it unjust that so large a body should be disqualified.

The PRESIDENT said that Mr. Collum might memorialise the Council or adopt any course he chose.

Mr. FORREST moved, "That an indemnity fund be established by charter to recoup those Members of the College who may be called upon to prosecute unqualified persons disturbing them in the exercise of their profession as surgeons." The question, he said, did not perhaps affect many of the Fellows and Members present, but it seriously affected many junior Members practising in out-of-the-way parts of the country. The Council, by its bye-laws, undertake to protect and defend any Fellow and Member in the exercise of his rights and privileges; but when he (Mr. Forrest) was practising near Hull, and an unqualified man established himself in the neighbourhood, the Council refused him protection, and said that the section he had cited to them did not apply to his case. When a man had passed his examination he was supposed to have acquired certain privileges over unqualified persons, and therefore entitled to protection in the exercise of those privileges.

The motion having been seconded by Mr. BOGAN was put to the meeting and negatived.

Dr. HICKMAN proposed, "That this meeting of Fellows and Members of the Royal College of Surgeons, England, begs most respectfully to recommend that the Council of the College do obtain a charter enabling them to combine with the Royal College of Physicians, London, with a view to the amalgamation of the two Colleges into one great college of medicine, to be endowed with authority to examine and grant licence to practise in all branches of medicine and surgery, and to confer on its Licentiates the degrees and titles of Doctor of Medicine and Master in Surgery." They were all grateful to the Council for the liberality they had manifested in calling together the Fellows and Members, and the best thing they could do was to take advantage of the opportunity afforded them of bringing forward any proposals they might have to offer. His own proposal was not a new one, but was one which had met with the approval of some of the most eminent Members of the College, being but an extension of the principle which, in the shape of the conjoint examination, had already been largely discussed by the executive of both bodies, and had only been prevented from being carried out by some technical difficulties. The present state of things had been to cause a widespread discontent amongst English practitioners and the students of the English, and especially of the London, schools. For many years past the members and the medical students at the various medical schools of London have been seriously diminished. According to THE LANCET, in 1882 the total entries at the eleven medical schools in London amounted to 634, and in 1883 to 508—a decrease of more than 120; and that in spite of numerous advantages which were constantly being held out to the students entering the profession. Elsewhere the state of things was very different. The number of students at the Edinburgh University in the Faculty of Medicine in 1883 was 1781, of which number 682 were from Scotland, 620 from England, 33 from Ireland, 123 from India, 264 from the different British Colonies, and 59 from foreign countries. Such facts and figures, while creditable to the Scotch Universities, were a great scandal to the London schools of medicine. He did not believe that the difference was occasioned by any deficiency of materials in the London schools, or any want of energy and teaching capability on the part of the teachers. Of late years the teachers had been more than ever energetic, intelligent, and capable, and the staffs of the various hospitals were equal in eminence and standing to those in any hospitals in the world. The real cause of the difference was that in Scotland, after going through the curriculum and passing fair but ordinary examinations, conducted by professors with whom he had been more or less associated throughout his career, the student received not only a licence to practise, but the higher title of the degree of Doctor of Medicine, and commonly that of Master in Surgery. In London, on the other hand, after going through an equally extended curriculum and not less difficult examinations, the student simply received a licence to practise and to call himself a registered medical practitioner, and was relegated to a second rank by the public, who did not understand the nature and value of the many titles and diplomas. Students would not go, and parents would not send their sons, to schools where it was so difficult to obtain a degree as in London. The Scottish and most of the Irish Universities were especially great teaching bodies, and it was of vital importance to the professors that as many students as possible should be attracted to them. The examiners consisted entirely of the professors or their nominees, and by means of the class and school examinations the students easily learned to gauge the requirements of the examiners of the university examinations. Such examinations, however disinterestedly conducted, could not be so good and fair a test as those of the College of Surgeons of London, and the College of Physicians, where the examiners were independently chosen from among eleven different schools, and were often unknown to the candidates even by name. THE LANCET had said, "Inequality of examinations in the different divisions of the United Kingdom, combined with equality of privileges, is about as grossly inequitable a state of matters as could be permitted to continue." Surely the converse held good, that inequality in the various divisions combined with equality of examinations was also grossly inequitable, and should not be permitted to continue. English provincial schools had been agitating for the establishment of local universities, mainly with a view of granting degrees in medicine, and thus attracting students. He said nothing against that legitimate aspiration; but if degrees were to be the monopoly of particular schools, surely some of the London schools were as much entitled to the privilege as those of Edinburgh, Aberdeen, and Newcastle. There could be no doubt that if the members and licentiates had a voice in the governing bodies of the two Colleges such an amalgamation as he had recommended would not long be delayed. The Colleges had the choice before them of remaining separate and gradually weakening in authority and dignity, or of uniting in a grand and noble institution representing the whole medical faculty of England, and combining the traditions and memories associated with the brilliant array of illustrious names that had graced the annals of medicine from Cheselden to Paget, from Linacre to Jenner.

Mr. NELSON HARDY said it was absurd for the meeting to consider some little alterations in the amount of property to be held under the Charter and overlook the greater changes which were imminent in reference to the power and privileges of the College which under the Medical Bill were threatened to be swept away. Unless the College made some move in the way of combining with the College of Physicians, the Act would be passed practically in its present form, and then any combination would be too late, because none of their diplomas would give a title to practise. If such a combination were formed at once, it would cut away the ground from those who were seeking to pass the Bill. That had been done by the Scotch Colleges with good effect. No one contended that the College of Surgeons had not done its duty in the past, and its privileges ought not to be taken from it simply because other bodies had failed in the performance of their duties.

The motion was put and rejected, 6 voting for its favour and 12 against.

Mr. CHARLES HAWKINS proposed and Mr. WHEELHOUSE seconded a vote of thanks to the President, with whose brief acknowledgment the proceedings were brought to a close.

HOSPITALS ASSOCIATION.

AT the Medical Society's Rooms in Chandos-street, on Wednesday evening last, Sir Andrew Clark in the chair, Mr. W. J. NIXON read a paper on the difficulties associated with the administration of the out-patient department, and how best to deal with them. The value of combined action was pointed out. The initial difficulty was the existence of a vast multitude of poor but not yet paupers. The out-patient department was by no means a mere forty years' growth. Certainly it existed in 1742 at the London Hospital. While he acknowledged the difficulty of numbers, he did not believe it to be so great as to be practically unlimited; in other words, that more than one million persons, or one quarter of the population of London, are every year recipients of gratuitous medical aid. Perhaps the matter admits of explanation. He thought there were out-patients and out-patients. And this, perhaps, is one of the best arguments in favour of the existence of the Hospitals Association, that we want to know better what we are talking about, particularly when we deal with figures as applied to numbers of patients and expense. If the believers in the one million theory consider among other things the faulty systems of registration, if they remember that sometimes all visits are registered as patients, that occasionally two visits constitute a patient who is re-registered thereafter, and that it is possible for individual chronic cases by registration and re-registration to represent ten or twelve seperate patients per annum, he believed they would recant. As a remedy for too great numbers he dealt with the methods of payments by out-patients, and daily limitation of tickets to patients permitted to pass in free. He considered the first totally unworthy of a great charity. Charge for advice is unfair to the professional man, who gives his services practically free to that great institution, from his honorary connexion with which he looks for his ultimate reward. Charge for medicine placed the hospital in unworthy competition with the local practitioners in its neighbourhood. With the second method, in its application to general hospitals supported by voluntary contributions, he could not agree. He next turned his attention to the positive treatment of the points at issue—viz., how to meet and reduce to a minimum the difficulty of too great numbers of out-patients at voluntary hospitals without injury to the deserving poor, without infringing on the so-called rights of governors and subscribers, and without lessening the advantages of the hospital to the medical school. It is desirable to organise, in the first place, some system of inquiry which shall be the first step towards increasing alike the value of the privileges of governors and subscribers, and the value of the priceless efforts of their professional coadjutors, by rendering available for the benefit of the largest number, and that solely for the worthiest class, treatment which can only be obtained at well-organised public hospitals. Inspection was Mr. Nixon's first remedy—not, however, applied indiscriminately or alike to all, but with a careful, charitable, and discerning intelligence. It must be remembered that poverty and riches were relative terms. Neither would he sanction summary and immediate cancelling of attendance on the ground of social unfitness. The skilled hand and age of the professional attendant should not only decide these points in reference to cases suited by circumstances for gratuitous aid; but in event of urgency being recognised in a case presumably socially unfit, or symptoms being diagnosed valuable in their tracing out, for the promotion of medical and surgical science the doctor should be at liberty to neutralise henceforth all social inquiries whatever as things subordinate to the higher interests of the patient at the moment—of the community in the future. This system of inspection was essentially twofold—social and professional. The social inspector cannot for a moment interfere with the needful or desired treatment of any case passing under his notice. The professional inspector, on the other hand, is required to know nothing whatever of the social circumstances of his patient. Upon this point, in fact, he should be permitted to remain in a condition of the profoundest ignorance. The questions which to him, as an untrained civilian, it would appear proper that the doctor should address to himself when regarding the applicant for his valuable aid are such as these:—"Is the patient seriously ill, or so ill as to require continuous treatment? Does the case present any features which by their observation will enlarge the field of knowledge? Can the patient obtain here that benefit which the experience of hospital attendants is alone likely to confer? If so, my duty is to decide that he may come again, perhaps for a very prolonged period." Or he may question himself thus:—"Is this a trivial or even fancied malady, or chronic beyond hope of cure or alleviation?—a patient who is requiring me to listen to his oft-told tale deprives me of the time which might be profitably given to the discernment of curable maladies in others, who, in his unreasoning obstinacy, 'robs me of that which not enriches him, but makes me poor indeed;' or is he a persistent swallower of drugs for drugs' sake, because, like gin and beer, they are good things, and cannot fail to benefit in proportion to the quantity consumed?" In any of these latter cases, and in various others not necessary to enumerate, he may possibly say:—"It is my duty to curtail attendance, to shorten visits within the narrowest possible bounds, and thus, not frittering away valuable time on cases quite unworthy of hospital skill, make time and room for those whose treatment, while it benefits the individual, will advance the objects of scientific inquiry, will add to professional reputation, and will bring credit to the institution, which, by a desire to concentrate its efforts, improves and intensifies results. By these means we spread the diagnostic power of an experienced staff over a wider area and leave time and elbow room 'by selection' for treatment 'of the fittest.'"

The Secretary, Mr. CLIFFORD SMITH, then read a brief paper by Mr. TIMOTHY HOLMES, the main contention of which was that the out-patient departments of our large hospitals should be consulting-rooms for patients sent by medical men or medical institutions in the neighbourhood of the hospital, a scheme which apparently means the abolition of out-patient relief.

A discussion followed on the reading of these papers, and many speakers took part, prominent amongst whom were Lord Cork, the Hon. Reginald Capel, Messrs. H. C. Burdett, Bousfield, Herbert Page, and Dr. Gilbart Smith.

Sir ANDREW CLARK, in summing up the debate, earnestly and powerfully advocated the value of the out-patient department as a means of clinical instruction in the early stages of disease.

Mr. NIXON briefly replied.

THE BROWN INSTITUTION.

THE following interesting report of the work done in 1883 at the Brown Institution was presented to the Senate of the University of London on Jan. 30th, by Dr. Roy, the Professor Superintendent:—

The sphere of usefulness filled by the Brown Institution has been rapidly extending since the date of its foundation, every year showing a larger and larger number of cases of diseased animals belonging to the poor treated within its walls. The increase in the number of cases treated during the year 1883 over that of the year which preceded it is, however, considerably greater than any annual increase which has been recorded during the existence of the institution. The following figures show how considerable has been the work of this department for the year 1883. During that year the total number of visits paid to the institution by diseased animals was 5532, while the number of cases treated was 3282, consisting of the following animals:—1736 horses, 87 asses and mules, 872 dogs, 195 cats, 289 chickens, 24 goats, 31 rabbits, and 48 birds and various small animals. The diseases are classified as follows:—Injuries, 486; diseases of limbs, including lameness, 703; diseases of the respiratory system, 614; diseases of the digestive system, 391; diseases of the cutaneous system, 239; diseases of the nervous system, 107; diseases of the special sensory system, 61; diseases of the genito-urinary system, 50; diseases of the lymphatic system, 24; diseases of the circulatory system, 18; glanders and farcy, 20; rabies, 9; distemper, 168; influenza, 14; parasitic, 316; new formations, 38; poisoning, 11; old age, 13. Total, 3282.

Of the above cases 206 were admitted as in-patients, of which, after varying periods of treatment, 152 were discharged cured or convalescent, 12 were relieved, 30 died, and 12 were either discharged as incurable or else destroyed. The work of the last year shows a marked increase in the number of in-patients, being 34 more than in the year 1882.

The total number of new or fresh cases exceeded those of 1882 by 479, while the total number of visits paid were 994 above the year 1882. With regard to the diseases treated, the most noticeable feature wherein the present list differs from those of former years consists in the increase in the number of cases of distemper, for which increase no very evident cause can be found. The total number of dogs, as compared with other animals, is, indeed, proportionately greater than in previous years, but this will not explain so great an increase in the number of cases of distemper. The other diseases call for no special comment. It is desirable that the Committee should be informed of the fact that the advantages of this department of the institution are unfortunately restricted in the case of very poor owners of animals, the condition of which (the animals) is such that they ought to be received as in-patients. It has been the unwritten rule of the institution to make the price paid for board and medicines for the animals of the very poor as low as possible, so that even a slight loss is occasionally incurred by the institution. This reduction of the charges made has naturally, however, very narrow limits, and not a few cases are annually rejected as in-patients, or are prematurely discharged, owing to the inability of the often miserably poor owners to pay even the very moderate sum which is necessarily charged for food and medicines. As such cases are, above all others, those in which rest and healthy food, as well as medicinal treatment, are most required, I venture to suggest either that the Committee should place at the disposal of the veterinary surgeon the means of admitting at least a few of the animals of the extremely poor at a reduced scale of charges, or that a merely nominal charge should, in a limited number of such cases, be made for food and drugs. Even if this were done only in a small number of cases, a quite disproportionate amount of good would result.

With regard to the scientific work of the institution, I have to report that the annual course of lectures was delivered by me in the theatre of the University in the early part of December, 1883, the subject being, "On Preventive Inoculation for Zymotic Diseases," in which, besides giving a brief description of the nature and objects of the Brown Institution, with a short history of the work done within its walls since its foundation, I gave an account of the results of my investigations in South America. With regard to this latter subject, I may remind the Committee that in March of the past year I applied for leave of absence for three months (subsequently extended for six weeks) for the purpose of proceeding to the Argentine Republic in order to investigate a disease of unknown nature which was causing great mortality amongst the cattle, sheep, and horses, as well as men. This disease I found, on my arrival at the River Plate, to be splenic fever, and I was unusually fortunate in being able to make a large number of observations on its nature, and on the best means of combating it by protective inoculation. I cannot give here even a brief account of the results of my work on this subject, and will only mention in this place that I was able to find a method of effectually protecting cattle and horses from this affection by inoculating them with mitigated virus obtained by transmitting the poison through the "Bizcacha" or prairie dog. The virus so reduced in strength was found suitable for protecting cattle and horses, and the method is now being employed successfully on a large scale in the Argentine Republic. I made also a large number of inquiries regarding the most effectual method of protecting sheep from the same disease, and the results of my work on this subject have been, briefly stated, to confirm the assertions of Pasteur on the mitigation of anthrax virus by cultivating the micro-organisms, which cause the disease, at a temperature of 42° Centigrade. My observations showed, however, that certain precautions are necessary in carrying out this method, and that without these failure is almost certain. This expedition has occupied me during the greater part of the year, and the investigations on distemper which I am carrying on are still uncompleted, although they are now making a satisfactory progress. Regarding the other investigations being carried on in the laboratory of the institution, I may notice an important observation made by Mr. Lingard, who, in conjunction with Mr. E. Batt, recorded early in the year the results of his work on a new and hitherto undescribed disease of cattle. This disease consists in an infectious ulcerative affection attacking the skin and mucous membranes, especially of the mouth, of young cattle, and accompanied by serious constitutional symptoms. They found the tongue and the mucous membrane of the cheeks the usual localities of the primary lesion. The typical ulcer consists, in advanced cases, of a sore with overhanging edges, and which is found on section to be made up of necrosed tissue, this necrosis being readily communicated to other parts of the mouth with which it comes in contact, and the local affection tending in this way to spread rapidly. In some cases similar necrotic changes were found in the lungs. The cause of this noma-like affection was, apparently, a characteristic micro-organism, since, all along the line of junction of the necrotic with the healthy tissue, they found an enormous number of bacilli of a specific form, the growth of which, apparently, caused the necrosis. From their observations they conclude—1st. That the necrotic process corresponds accurately in extent with the presence and position of these characteristic micro-organisms. 2nd. That the disease may be communicated by inoculation, the affection thus produced being characterised, like the parent disease, by the presence, in vast numbers, of the same kind of micro-organism. 3rd. That these bacilli do not diminish in virulence by successive inoculations for several generations. Mr. Lingard and Mr. Batt are still actively engaged in carrying on their investigations on this important subject. A considerable number of interesting and important facts have been learned by Dr. Klein on the subject of anthrax, tuberculosis, and typhoid of pigs, which are, however, of too technical a nature for description in such a report as this. I may mention that I propose, in conjunction with Dr. Theodore Cash, to extend a certain number of the observations which I made in South America on the subject of protective inoculation of anthrax, a subject which seems to me of a kind especially fitted to be investigated at the Brown Institution. Finally, I may add that Dr. Cash, who, during my absence on leave, so ably replaced me at the Brown Institution, continues the observations on comparative morbid anatomy which he has carried out during the past year.

NAVY ESTIMATES.

THE Navy estimates are a very remarkable document; for, while they no doubt state unmistakably the amount of money deemed necessary to carry out the service, the various items are so mixed up that it is very difficult to get a clear idea of the cost of the different departments. As regards the medical service, we find a vote of £66,450 for medical establishments at home and abroad, and one of £77,720 for medicines and medical stores, and these two votes are apparently all that is required. But when we carefully examine the estimates we find that this does not include the pay of the medical officers afloat, and includes many things we should not consider as medical stores; and we are unable to find any statement of the number of officers employed in the department. From an analysis of the various votes, so far as the documents enable us to make it, the estimated strength of the department on the active list for the year appears to be one director-general, two inspectors-general, nine deputy inspectors-general, seventy-four fleet surgeons, seventy-five staff surgeons, and 169 surgeons; making a total of 330 medical officers at home and abroad. The pay and allowances for these amount to £129,535. A sum of £415 is taken for the examination of medical candidates, and £200 as the allowance to a fleet or staff surgeon and a surgeon "for duties in connexion with the medical course of instruction" at Haslar. This is the instruction which has been substituted by the Admiralty for the very full and efficient course at Netley of which candidates formerly enjoyed the advantage. The amount required for medicines and surgical instruments cannot even be approximately stated, as it is included in the vote of £77,720 above mentioned, with provisions and stores of all kinds for hospitals, sick bays, and medical depôts in charge of naval officers, and various other charges. The medical officers on the half-pay list, but eligible for employment, amount to thirty-four, requiring a vote of £8517, and the numbers on the retired list are 260, for whom a sum of £85,900 is taken. There are three inspectors-general, receiving £100 each "for good and meritorious services." We observe with satisfaction that provision is made for the sanitary improvement of the dockyards, victualling yards, and hospitals at home and abroad, and of the marine barracks and infirmaries. Under this head it is proposed to

expend on dockyards and victualling yards at home £8150, and abroad £2500; on naval hospitals at home £2450, and abroad £650; on marine barracks and infirmaries £2500, and on Lewes Prison £150. We observe also that a sum of £1225 is to be taken for a swimming bath at Forton Barracks, an item which may very fairly be included among the desirable sanitary works.

VITAL STATISTICS

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns, 6005 births and 3709 deaths were registered during the week ending the 22nd inst. The annual death-rate in these towns, which had been equal to 20·3, 22·5, and 22·6 per 1000 in the three preceding weeks, declined again to 22·1 last week. During the first twelve weeks of this year the death-rate in these towns averaged only 21·2 per 1000, against rates declining from 27·4 to 23·3 in the corresponding periods of the five years 1879–83. The lowest rates last week were 15·2 in Plymouth, 17·3 in Hull, and 18·9 in Birkenhead. The rates in the other towns ranged upwards to 27·9 in Manchester, 28·2 in Leeds, 30·6 in Oldham, and 31·5 in Preston. The deaths referred to the principal zymotic diseases in the twenty-eight towns were 486 last week, and 16 fewer than in the previous week; they included 143 from whooping-cough, 141 from measles, 86 from scarlet fever, 42 from diarrhœa, 33 from "fever" (principally enteric), 28 from diphtheria, and 13 from small-pox. No death from any of these zymotic diseases was recorded last week either in Plymouth or in Halifax, whereas they caused the highest death-rates in Manchester, Leeds, and Portsmouth. The highest death-rates from whooping-cough occurred in Bolton and London; from measles in Portsmouth, Oldham, Norwich, and Nottingham; and from scarlet fever in Leeds, Manchester, and Preston. The 28 deaths from diphtheria in the twenty-eight towns included 13 in London, 3 in Leeds, 3 in Hull, and 2 each in Brighton, Portsmouth, and Birmingham. Small-pox caused 4 deaths in Birmingham, 3 in London, 3 in Liverpool, and 3 in Sunderland. The number of small-pox patients in the metropolitan asylum hospitals and hospital ships, which had been 149 and 148 on the two preceding Saturdays, rose to 201 last week, and exceeded the number under treatment in these hospitals at any time since July, 1882; 65 new cases were admitted to these hospitals last week, against 31 and 21 in the two previous weeks. This large increase in the number of admissions was due to an outbreak at Hackney. The Highgate Small-pox Hospital contained 7 patients on Saturday last, 3 new cases having been admitted during the week. The deaths referred to diseases of the respiratory organs in London, which had been 384 and 370 in the two preceding weeks, were 373 last week, and were 146 below the corrected weekly average. The causes of 108, or 2·9 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Birmingham, Leicester, Sunderland, and in three other smaller towns. The proportions of uncertified deaths were largest in Halifax, Oldham, Norwich, and Blackburn.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 23·3 and 20·9 per 1000 in the two preceding weeks, was 21·3 in the week ending 22nd inst.; this rate was 0·9 below the mean rate during the same week in the twenty-eight large English towns. The rates in the Scotch towns ranged from 10·1 and 16·6 in Perth and Dundee, to 21·4 and 25·7 in Paisley and Glasgow. The deaths in the eight towns included 74 which were referred to the principal zymotic diseases, against 81 and 80 in the two previous weeks; 23 resulted from whooping-cough, 11 from diphtheria, 11 from measles, 9 from scarlet fever, 9 from diarrhœal diseases, 8 from "fever," and 3 from small-pox. The death-rate from these diseases averaged 3·1 per 1000 in the Scotch towns (against 2·9 in the English towns), and ranged from 0·3 in Dundee to 3·6 in Paisley and 4·7 in Glasgow. The 23 fatal cases of whooping-cough, an increase of 1 upon the number in the previous week, included 16 in Glasgow and 5 in Edinburgh. The 11 deaths from diphtheria showed a decline of 6 from the number in the previous week; 5 occurred in Glasgow and 2 in Edinburgh. Of the 11 deaths from measles, 5 were returned in Glasgow and 2 in Edinburgh, and no fewer than 8 of the fatal cases of scarlet fever occurred in Glasgow. The 8 deaths referred to "fever" included 6 in Glasgow and 2 in Edinburgh. Two deaths from small-pox were recorded in Glasgow and 1 in Aberdeen. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 117 and 98 in the two previous weeks, rose again to 117 last week, but were 48 below the number returned in the corresponding week of last year. The causes of 64, or more than 12 per cent., of the deaths in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 25·7, 26·0, and 27·4 per 1000 in the three preceding weeks, further rose to 27·5 in the week ending the 22nd inst. During the first twelve weeks of the current quarter the death-rate in the city averaged no less than 27·9 per 1000, whereas it did not exceed 20·4 in London and 20·5 in Edinburgh during the same period. The 185 deaths in Dublin last week showed a further increase of 1 upon recent weekly numbers, and included 20 which were referred to the principal zymotic diseases, against 12 and 13 in the two previous weeks; 8 resulted from "fever" (typhus, enteric, or simple), 6 from scarlet fever, 3 from whooping-cough, 2 from diarrhœa, 1 from diphtheria, and not one either from small-pox or measles. These 20 deaths were equal to an annual rate of 3·0 per 1000, the rate from the same diseases last week being 2·9 in London and 2·7 in Edinburgh. The 8 deaths from "fever" showed a considerable increase upon recent weekly numbers, and exceeded the number returned in any week since the middle of January last. The 6 fatal cases of scarlet fever also showed an increase upon the numbers in the two previous weeks. Three of the deaths resulted from violence, and 68 were recorded in public institutions. The deaths of elderly persons were fewer than in any previous week of the year. The causes of 26, or more than 14 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

INDIA OFFICE.—Bombay Medical Establishment: The Queen has approved the admission of Surgeon-Major William Frederick Knapp to the Staff Corps made by the Governments in India.—Bengal Medical Establishment: The Queen has also approved the transfer of Surgeon Alfred John Wall, M.D., from the half-pay to the retired list.

ADMIRALTY.—The following appointments have been made:—Fleet Surgeon George Bolster, to the *Alexandria;* Surgeons Charles James and Robert W. Doyne, to the *Téméraire;* Fleet Surgeon Thos. C. Rowland, to the *Ganges*, for the *Sealark;* Fleet Surgeon John P. J. Coolican, to the *Impregnable*, for the *Nautilus;* Fleet Surgeon Herbert Canton, to the *Lion*, for the *Liberty;* Fleet Surgeon Francis J. Lea, to the *Impregnable*, for the *Pilot;* Fleet Surgeon Edward J. Morley, to the *St. Vincent*, for the *Martin;* Fleet Surgeon Joseph J. R. M'Donnell, to the *Boscowen*, for the *Seaflower;* Fleet Surgeon James A. Vasey, to the *Carysfort;* Fleet Alfred T. Corrie, to the *Pelican;* Fleet Surgeons John Mackie and David Lennox, to the *Briton;* and Fleet Surgeon Arthur Kees, to the *Ranger*. Mr. Frederick Eastes has been appointed Surgeon and Agent at Folkestone and Sandgate, vice Mr. Silvester-Eastes; S. A. L. Swan, M.D., M.Ch., has been appointed Surgeon and Agent to the Admiralty at Cushendall and Cushendem, vice Robinson, deceased. Surgeon A. G. Mitchell, Peninsular and Oriental Steam Navigation Company, has been transferred from the s.s. *Teheran* to the s.s. *Parramatta*.

GROCERS' LICENCES. — The feeling in favour of the Bill which has been introduced into Parliament to abolish the issue of licences to grocers to sell spirits seems to be increasing. A largely attended public meeting was recently held at Wimbledon, when a resolution was carried calling upon every member of the community, and especially women, to use every means in their power to forward the adoption of the Bill. The Reigate Town Council, too, at the meeting on the 17th inst., after some discussion, decided to send a petition in support of the measure.

Correspondence.

"Audi alteram partem."

HEART MURMURS.

To the Editor of THE LANCET.

SIR,—In the number of THE LANCET for March 8th, in a paper on the "Mitral Presystolic and a Mitral Diastolic Heart-murmur," Professor Flint has given so much prominence to my name and to my views that I feel it would be discourteous to him not to say a few words in reply. In the paper referred to Professor Flint has reiterated the statement that he has seen several cases in which a presystolic murmur has been heard during life, and yet after death the mitral valve was found perfectly healthy and only the aortic valves diseased. Now, I am not at all surprised at this; I am only astonished at Professor Flint publishing these cases as if he ought to be proud of them. It has been my lot at least once to see a similar case in this part of the world, but neither the pathologist who opened the body nor the physician who made the diagnosis though it desirable to say anything about it.

I have been acquainted with the presystolic murmur since before the time when it was first differentiated and its true rhythm and appellation assigned to it. I have heard quite as many presystolic murmurs as most people, and have had quite an average number of post-mortem examinations in fatal cases of heart disease. And I can assure Professor Flint that I have never once seen a heart, over which during life a presystolic murmur was audible, in which the mitral valve was not found to be diseased and the opening more or less stenosed; and I am satisfied that this is invariably the case when the diagnosis has been accurately made. The presystolic murmur is the most inconstant and variable of cardiac murmurs; but if it is once distinctly recognised the lesion is safe, it will never disappear, and is sure to be found, though we may have forty or more years to wait for the finding.

No one who has studied Professor Flint's writings can doubt that he has a most thorough theoretical knowledge of the presystolic murmur and its rhythm. But from these writings alone it is also quite possible to deduce the conclusion that Flint's practical acquaintance with the presystolic murmur is not so accurate as his theoretical knowledge.

In the *American Journal of Medical Sciences* for 1862, at page 50, Professor Flint says: "The [presystolic] murmur is oftener rough than soft. The roughness is often peculiar. It is a blubbering sound, resembling that produced by throwing the lips or the tongue into vibration by expiration." And in the paper in THE LANCET for March 8th Professor Flint still continues to describe the presystolic murmur as a "blubbering" sound, saying also that it may be very successfully imitated by forcing water through a button-hole slit in an indiarubber ball by a Higginson's syringe, listening the while through a binaural stethoscope, with its chest-piece on the ball. But the term "soft," as it is used in relation to cardiac murmurs, is not one that can ever be applied to a presystolic murmur, which is invariably harsh and rough, which can never be correctly imitated by any amount of expiration and blubbering vibration of the lips and tongue, and which bears no kind of resemblance to the sound produced by forcing water through a button-hole slit in an indiarubber ball with a Higginson's syringe, even when that sound is concentrated and magnified by listening to it through a binaural stethoscope.

I regret having to differ from so estimable a man and so experienced an observer as Professor Flint; and I may also say that it was because in the course of my clinical teaching I had so often occasion to commend Professor Flint's writings that I felt myself constrained to say here I think Flint has made a mistake, and so and so appears to be the source of his error.—I am, Sir, yours faithfully,

Edinburgh, March 11th, 1884. GEORGE W. BALFOUR.

MICRO-ORGANISMS IN PURPURA HÆMORRHAGICA.

To the Editor of THE LANCET.

SIR,—As I had the honour of bringing this subject before the last annual meeting of the British Medical Association, I was interested in your report of the discussion raised at the Pathological Society, on February 20th, by Mr. Watson Cheyne's communication. If I may be allowed to do so, I will make a few remarks on the subject.

The clinical history of cases of hæmorrhagic purpura is so distinctive, and its characteristics are of such a type, that I do not think it required more than the ordinary clinical acumen on my part to foresee that the phenomena, at the fully developed stage, were only explicable by assuming the presence of a micro-organism. The point of interest is that the vessels are blocked by these organisms, and thereby the hæmorrhages, which give the disease its distinctive name, are produced. Clinically, the disease, so far as I am acquainted with it, presents a more or less high degree of pyrexia, and it is this pyrexia which, when there is no local inflammatory condition to explain it, leads naturally to the consideration of the probability of the presence of a foreign and deleterious, and perhaps vital, element in the blood. Of course, such a probability can only have weight when all other causes of pyrexia have been carefully excluded. In hæmorrhagic purpura, pyrexia is present before the hæmorrhages are numerous or become a serious element in the case; and it is at this early stage of the disease that it is possible to determine the specific or non-specific part played by the parasite, due regard being given to the possibility of the parasite being present in a less mature form, or thereby able to traverse the capillaries. And I would take the liberty of suggesting the desirability of having observations made on the blood at this early stage of the disease. From two of my cases I sent specimens of blood to Mr. Cheyne, but they were so unskilfully stained that he would not venture an opinion as to the presence or absence of a micro-organism; and I see that Dr. Angel Money has not found organisms in the blood in two cases he has examined. This is a point of much interest, and might soon be settled if those who had cases under their care at the early stage would have the blood examined by an expert; and from the ready and kind response Mr. Cheyne made to me when I approached him on the subject, I should predict a like response to others.

It would, of course, be quite absurd to suppose that all capillary hæmorrhages, generically called purpuric, were probably due to plugging by a micro-organism; for it seems to be in accordance with fact to hold that in cardiac disease hæmorrhages are due to tension, and that in iodic purpura, upon which Dr. Stephen Mackenzie justly lays stress, there may be a chemical alteration which, under local and unknown causes, leads likewise to hæmorrhage. Even though capillary hæmorrhage may be but a symptom, as Dr. S. Mackenzie has with so much ability and erudition maintained, the question remains whether there is not a disease which is named, and properly named, "purpura simplex." So far it is a disease of which we know nothing as regards its pathology, although recent discoveries may give an indication as to a possible development in the future. Yet I have conversed on this subject with practitioners of wide experience and great ability, and I find their experience harmonises with my own, that every now and again such a disease is met with in practice, and that it seems to be unassociated with any other condition; that it is often, if not always, a febrile condition; and that it recovers under treatment, although it is not always easy to predict whether it will not develop into the hæmorrhagic form.

The routine treatment under which such cases recover is the administration of turpentine, which is known to be not only a hæmostatic, but a parasiticide, which suggests a possible harmony between the empiricism of the past and the science of the present. In the perusal, some years ago, of the literature on this subject, my attention was arrested by a wonderful case recorded in 1823 by Dr. E. Gairdner, which was a fully developed and typical case of hæmorrhagic purpura, and which recovered after the bold (even for that time) and repeated abstraction of blood. In such an instance we are inclined to take up the position that the patient recovered "in spite of the treatment." May it not have a deeper significance and a truer explanation?

I am, Sir, yours faithfully,

Edinburgh, March, 1884. WM. RUSSELL.

BELFAST ROYAL HOSPITAL.—An explosion, which is believed to have been caused by an escape of gas, took place on the 22nd inst. at this institution. The ward in which it occurred contained about twenty patients, to whom fortunately no injury was caused, although, as may be supposed, much alarm was felt.

MANCHESTER.

(From our own Correspondent.)

PROVIDENT DISPENSARIES ASSOCIATION.

AT the annual meeting of this Association a most satisfactory report of the work of the past year and of the Society's financial position was presented. It would appear that the Association is now almost self-supporting, and would be so entirely were it not for the loss sustained by one or two of the more recently established branches. One branch, the oldest established—viz., Pendleton,—shows a net profit for the year of £109. The amount distributed amongst the medical staff was £1600, as against £1476 in the previous year. But perhaps the most satisfactory feature was the statement that, as a result of the systematic inquiries of the officers of the Society into the means and position of applicants for relief at our various medical charities, 40 per cent. less were found to be improper objects of charity and able to pay for the attendance they were seeking gratuitously, than when the Society first commenced its operations. Provided that the Association takes as much care that its members are not of such social position and means as to be able to pay the ordinary charges of a private medical attendant, its work cannot but be of the greatest social benefit in teaching the working classes to cultivate habits of thrift and to make provision for themselves and families in times of sickness, instead of being dependent solely upon our medical charities.

THE HOSPITAL SATURDAY AND SUNDAY FUND.

This fund is somewhat less than that of last year. Up to the 22nd inst. the amount sent in was £7471, and but little more than this sum can now be looked for. There is no special reason why this year's collection should have been smaller than the previous one. Trade generally in the district is not worse, the winter has been mild, and no unusual amount of distress or lack of work has been operating, recent meetings of "the unemployed" notwithstanding; for impartial investigation has shown that although some few hundreds of men are without work, the numbers are certainly no more than is always the case during the winter months in this large centre of industry, and consists for the main part of labourers and others, whose occupation at the best of times is of a somewhat precarious nature.

THE MEDICO-ETHICAL SOCIETY.

At the last meeting of this Society a subject of considerable interest came up for discussion connected with the working of the "compulsory notification of infectious disease." For about two years past the compulsory notification by medical men has been in force in this city; and it is but a few months ago that the same subject was before the members of the Society, when the consensus of opinion appeared to be decidedly in its favour; but now a very inharmonious note has been sounded. A serious complaint was brought forward by one of the members that cases, after being notified to the medical officer of health, were at once removed to hospital, after a visit from a nuisance inspector, without any reference to the medical man in attendance, and irrespective of the condition or surroundings of the patients. Statements much to the same effect were made by other members. As a result of the discussion, it appeared to be the opinion of the meeting that cases should not be removed to hospital on the *ipse dixit* of simply an inspector, and that, if the medical officer of health did not himself see the cases reported to him, the opinion or recommendation of the medical man in attendance should be acted upon, and that this might be transmitted to the medical officer of health with the certificate of notification. But it is scarcely to be supposed that, whatever steps are taken in the matter, there will not at times arise cases where the views of the health authorities and those of the private practitioner will be somewhat at variance. It is to be hoped, however, that no official action will be adopted by the sanitary authorities which shall have any tendency to estrange the profession as a whole from loyal and hearty co-operation with the former in their attempts to prevent and limit the spread of infectious disease. In some of the adjoining suburbs and townships lying outside the municipal boundaries, the advisability of obtaining compulsory notification powers has at times been discussed; and at the last meeting of the Heaton Norris Local Board a petition in favour of compulsory notification was forwarded to the Local Government Board.

OPEN SPACES.

The agitation to procure more open spaces within our crowded streets is still going on. The conference and public meeting recently held and reported in these columns has been supplemented by another meeting on the 18th inst., held in one of the most crowded parts of the city, Ancoats, inhabited solely by the working classes. The meeting was convened by Alderman Lamb, in response to a requisition bearing 1400 signatures, "to take into consideration the advisability of securing within the city, and particularly in this crowded ward, further provision of open spaces, to promote health and provide means of public recreation." What at present is being chiefly aimed at is, not to obtain anything approaching to parks or the like—as this would be simply impossible,—but to form open spaces of moderate size, say, from fifty or sixty square yards to an acre in extent, which shall be at the doors of the dwellers in these crowded districts, and serve as playgrounds for the children and as breathing-spaces for the inhabitants in general.

NEWCASTLE-ON-TYNE.

(From our own Correspondent.)

SMALL-POX IN NEWCASTLE INFIRMARY.

AN epidemic of small-pox has broken out in the infirmary, and I believe I am correct in saying that for extent or for numbers attacked it is quite unprecedented in the history of the hospital. While, fortunately, the cases are mostly discrete or modified, I hear that two of the students attending are suffering from the disease. The outbreak has given the medical staff and the house committee very great anxiety; while the former have received unlimited powers to do all that can be done to cope with and stamp out the malady, I believe that all nurses and officials, and indeed everyone connected with the house, have been revaccinated. The disease first broke out in the male ward, in the case of a patient suffering from locomotor ataxy. Although it soon spread, it was hoped it could be kept from the other portions of the house; in this the officials were successful for a time, but it soon passed the cordon. Of course, the best thing to do will be to treat the cases in the house, and when they recover to close the place for a time and give it a thorough cleansing and disinfection. Some temporary premises should be taken for the urgent surgical cases which so often occur here. I need scarcely say that permission to visit the patients has been suspended.

OVER-PRESSURE IN SCHOOLS.

The subject of over-pressure in schools has been very ably treated by Dr. J. W. Eastwood in a lecture delivered by him at Sunderland lately on "The Nervous System and Education." Speaking of the brain, he said it was more rapidly developed than any other organ of the body, and whilst the muscles of the body were increasing at a certain ratio the child's brain and nervous system were increasing at a much greater ratio. He spoke very fully and forcibly against the pernicious system of "cramming," and contended that it was better to teach a child to observe and reason than to instil into its mind any number of facts. Training, he said, was of more importance to a child in after-life than what was called the acquirement of knowledge. Speaking of the Kindergarten system, he said there could be no objection to it for children under five years of age, but the folly of teaching children of that age and filling their brains with facts of no earthly use to them would, he hoped, be exposed. Altogether, lectures like Dr. Eastwood's are much to be desired at the present time, and must have a good tendency.

Newcastle-upon-Tyne, March 25th, 1884.

CORONERS.—From a Parliamentary return recently issued, it appears that there are 198 county coroners in England and 30 in Wales, while there are 116 borough coroners in England and 5 in Wales. The largest individual salary received is £2207 by the coroner for East Middlesex; the coroner of Liverpool receives £1500, and the coroner of the City of London and Borough of Southwark £1075.

SCOTTISH NOTES.

(From our own Correspondent.)

ABERDEEN UNIVERSITY: PRESENTATION OF AN ADDRESS TO DR. BAIN.

ON Saturday last the arts and medical students of the third and fourth years presented Dr. Bain with an illuminated address, thanking him for his services in their behalf during the past three years. As a rule the Lord Rector of a Scotch university is more ornamental than useful, but Dr. Bain has proved himself a striking exception to this rule. No doubt the success with which he fought the students' battle over the pathology question prompted them to take this step of publicly and permanently acknowledging their gratitude. But in their address they do not forget to mention what he has done for university reform generally; and everyone will agree that in electing Dr. Bain as Lord Rector, the students procured for themselves a real representation in the Councils of the University. It is to be hoped that in November the students will again elect Dr. Bain, for they have had sufficient proof of the advantage of having a Lord Rector who not only will regularly attend the meetings of the University Court, but one who is also thoroughly conversant with university matters, and is alive to the necessity for reform.

A SIGN OF THE TIMES.

Just at present, with the discussion of the Medical Bill looming, let us hope in the near future, it is interesting to note indications by the public as to the relative value attached to the various qualifications now issued to the profession. In a central part of Scotland a few days ago a country appointment somewhat above the average value was advertised as vacant. The number of candidates was about thirty, having their licences and degrees from all the various bodies. The position had been occupied by a licentiate who was deservedly popular. The Board consisted of about twenty members. But in the preliminary discussion so strong was the feeling in favour of a graduate, that it was unanimously agreed only to consider the claims of such, and accordingly several excellent men had their applications at once consigned to the waste basket. Professionally one cannot but feel that a glaring injustice may have been done in this case. Such a rule of exclusion could only be harmful, but it seems to indicate that in Scotland the distinction in the public mind between a M.D. and a college man is held to be a very real one.

SINGULAR PAUPER LUNATIC CASE.

In the month of July, 1855, at Blough, in the parish of Langholm, an insane man was found wandering about. No information could be obtained of his antecedents, and he was sent to the Southern Counties Asylum at Dumfries as a pauper patient. A few months ago, after being nearly thirty years an inmate of the asylum, he gradually improved mentally, and was able to state that his name was George Henry, that he was a native of Lisburn, near Belfast. After inquiries this was found to be correct, and Henry has been removed to the place of his birth in Ireland, where the authorities took him in charge. During the long period he was in the asylum at Dumfries, the parochial board of Langholm paid twenty-five pounds annually for his board, or in all about £700.

GLASGOW.

(From our own Correspondent.)

POISONING BY TINNED MEATS.

THE inquiry into the cases of poisoning from the eating of tinned meats in Govanhill, Glasgow, has ended in a somewhat lame conclusion. The analyst found in the suspected mutton nothing but a perfectly harmless trace of tin, such as is present in all tinned foods. It does not appear from the report, however, that he used any other than simply chemical tests—that, for exanple, any experiments on animals were performed, or that any search was made for ptomaines, or for any of the micro-organisms which are known to give rise, when present in food, to symptoms such as those which characterised this outbreak. It is just possible, however, that the apparent absence of experiments on animals was due to difficulties connected with the working of the "Anti-vivisection" Acts.

SPREAD OF SMALL-POX.

Our sanitary authorities are likely to have their hands full enough before long, as small-pox seems to be still rapidly spreading in the city. During the first fortnight of this month twenty-four cases were registered, a number which has not been equalled here since May, 1877. In view of the probability of a still further extension of the disease, the authorities have done wisely in giving *carte blanche* to their medical officer and those acting with him with regard to the arrangements to be made to meet the emergency.

CURIOUS DEATH OF A DOCTOR.

News from Lochmaddy, in the Outer Hebrides, states that about a month ago a woman died there under suspicious circumstances, and was shortly afterwards buried. The authorities, having been led to suspect that the death of the woman was somewhat mysterious, arranged for a post-mortem examination, and proceeded to the graveyard to have the body exhumed. While attempting to open the lid, the coffin burst with a loud noise, one of the boards striking Police Inspector Mackenzie, and knocking him down. Dr. M'Donald, medical officer in attendance, fainted, and remained in an unconscious state for some time, but such was the effect of the shock upon his system that, although able to carry out the examination later on, he died last week.

THE LATE DR. ALLEN THOMSON.

The news of the death of Dr. Allen Thomson, though not unexpected, has caused a widespread feeling of deep regret in all circles in Glasgow, not only among his old students, who are not likely ever to forget his courtesy and kindness, but also among those who were brought into contact with him in other capacities. The Medical Faculty of Glasgow University, to show their respect for his memory, propose attending his funeral, on Friday, and for this reason have closed the winter session a day earlier than had been arranged.

March 26th.

PARIS.

(From our Paris Correspondent.)

THE HEIGHT OF FRENCH ARMY RECRUITS.

AT each recruiting season a report is published showing the minimum and maximum height of the recruits ("conscrits") for the French Army. The result for last year for the twenty arrondissements of Paris was as follows:—1977 measured from 1 metre 54 centimetres to 1 m. 62 c.; 309 measured 1 m. 63 c.; 341, 1 m. 64 c.; 388, 1 m. 65 c.; 362, 1 m. 66 c.; 915 from 1 m. 67 c. to 1 m. 69 c.; 669 from 1 m. 70 c. to 1 m. 72 c.; 526 from 1 m. 73 c. and upwards; 214, height not given. The 11th and 18th arrondissements furnished the tallest men, from 1 m. 73 c. and upwards. The 11th arrondissement furnished also the shortest. I may here observe that within the last fifty years the standard height has varied as follows:—In 1832 it was 1 m. 56 c.; in 1868, 1 m. 55 c.; in 1872, 1 m. 54 c., or rather less than 5 feet, which is the present minimum standard for both army and navy. The age also varied as follows:—In 1832 that for the army was fixed at eighteen as the minimum, and sixteen for the navy; in 1848 it was seventeen for the army and sixteen for the navy; in 1872 it was eighteen for the army and sixteen for the navy, which is also the present standard for both branches. The same standard of height and age is also applicable to the volunteers who are engaged to serve for only one year, whereas the conscripts have to enlist for five years. It is, however, in contemplation to modify the present law concerning military service in this country by which compulsory enlistment is limited to a certain extent. According to the new *projet de loi*, which is about to be submitted to the French Parliament, every citizen, without any exception, from the age of twenty to forty will be compelled to serve in the army or navy, unless incapacitated

by any bodily infirmity. This was the pet idea of Gambetta, which he submitted to the Chamber of Deputies, but which fell through for want of support from the majority.

SULPHATE OF COPPER AS AN ANTISEPTIC IN OBSTETRICAL PRACTICE.

Dr. Charpentier, who acted for the late Professor Depaul at the Clinique d'Accouchement during a great part of the past year, tried the efficacy of sulphate of copper as an antiseptic and disinfectant in obstetrical practice. According to his experience, which he formulated in a paper read by him at a recent meeting of the Academy of Medicine, sulphate of copper might, with advantage, replace carbolic acid and the other antiseptics in vogue, not even excluding the bichloride of mercury, which is being largely adopted in practice. Dr. Charpentier employs the sulphate of copper in solution in the proportion of one per cent., and the advantages he claimed for it may be summed up thus: Absolute inoffensiveness to patients; of a very moderate price; easy to manipulate; to which may be added its powerful antiseptic and disinfectant properties, which become patent almost instantaneously. It follows that these properties may be taken advantage of in surgical practice.

DIPHTHERIA IN PARIS.

Owing to the high rate of mortality, which, however, is is only relative, from diphtheria, including croup, in Paris, the Council of Hygiene has been called upon to report on the subject. A commission, composed of Drs. Ollivier, Levraud, Béclard, Bouchardat, and MM. Pasteur and Schutzenberger, has been appointed to formulate such instructions as they may consider necessary to remove existing causes and prevent extension of the disease. The immediate causes are evidently misery, overcrowding, and filth, as the disease is more constantly prevalent in the outskirts of the town, the very quarters occupied by the poorer classes. According to the last weekly report, however, there has been a diminution in the number of deaths from diphtheria; but the sanitary condition of Paris may still be considered good, as the place is comparatively free from any epidemic of any sort.

The Queen of Tahiti, who is at present in Paris, lately paid a visit to the Institution for the Deaf and Dumb in the Rue Saint Jacques, and made the remark that she had never seen a deaf-mute in Tahiti, as this infirmity has up till now been unknown in the island.

The Minister of Commerce has appointed a commission to represent France in all that concerns hygiene at the approaching International Exhibition, to be held in London in May next. Dr. A. J. Martin is to represent the medical branch of the French section.

Paris, March 25th.

THE NEW SANITARY DIRECTION IN EGYPT.

(From a Correspondent.)

EVERYTHING of a Government character pertaining to the medical profession in Egypt has been hitherto managed by a "Conseil de Santé," composed almost exclusively of natives; but the cholera epidemic of 1883 at least achieved some good in ridding the country of that useless body. A commission held at the beginning of this year decided to replace the Conseil by a Direction, consisting of a native and a European, who are responsible for everything under the Minister of the Interior. Dr. Hassan Pasha Mahmoud, late president of the Quarantine Board at Alexandria, has just been nominated to the chief post; and Dr. Sandwith, whose acquaintance with Egypt commenced during the late cholera epidemic, has been elected as the sub-director. This is the first time that any Englishman has been appointed to a high medical position in Egypt, and it is to be hoped that the sanitary department, so long neglected, will now take rapid strides towards improvement.

Very many things ought immediately to be done to prevent a recurrence of cholera, and I may mention a few which seem to me of pressing importance. 1. The whole surface of inhabited Egypt wants not only cleaning, but being kept clean. No system of scavenging at present prevails outside Cairo and Alexandria, and the refuse of all kinds from dwelling-houses is allowed to remain in every street and lane. Were it not for the dogs, and for the well-known custom of converting all street dung into fuel, it would be almost impossible for Europeans to live in Egypt. 2. Steps should at once be taken to introduce a system of daily removal of sewage, as carried out in India and China. European houses in Egypt possess untrapped and unventilated cesspools, which are emptied once or twice a year; and almost the only drains in the country are connected with the latrines which are attached to every mosque. Perhaps 75 per cent. of these drains terminate in the river or canal which supplies the drinking-water for the town or village; and it is a very common sight to see women washing their clothes and filling their drinking-jars within a few feet of the ending of a very inodorous drain. Many mosques belong to the administration of the Wakfs, or Ecclesiastical Commissioners; and it is to be hoped that pressure may be put upon this religious body to enforce some salutary changes. 3. Public waterclosets are everywhere needed, for very few native houses possess them, and the inhabitants in consequence, especially the women, who do not frequent the mosques, are compelled to relieve nature in public highways and on the banks of watercourses. 4. The hospitals of the country are for the most part in a dilapidated and most distressing condition. Many of them are hardly fit to harbour animals, and in all of them the ordinary laws of cleanliness, decency, and ventilation are conspicuously neglected. Fortunately, perhaps, the natives have a well-founded aversion to entering any hospital, and the buildings themselves are in consequence seldom overcrowded. 5. Much might be written about the unsatisfactory way in which the Mussulman inters his dead; but, without expecting him to change his old customs, we might reasonably invite him to keep the bones of his relatives covered with earth, and to refrain from building his own mud hut in the closest possible contact with an ancient ruined cemetery. 6. Very few slaughter-houses exist, even in the large towns, and those few require furnishing and an adequate water-supply. The habitual custom is to kill animals inside the town upon the bank of the principal canal. 7. Nearly every village in Egypt is surrounded by large stagnant ponds or lakes, which, as they become empty at the approach of summer, exhale a horrible stench, only to be surpassed by the mosque drain, which in many cases discharges itself into the pond.

I have written enough to show that the new Direction has plenty of work before it. It starts with the good wishes of all, and the only cause for regret is that the financial condition of Egypt entirely precludes the possibility of any great expenditure of money. In fact, the greatest difficulty has already been experienced in obtaining a special grant of £10,000 for sanitary purposes. Whether much can be done with so small a sum remains to be proved.

Some misconception exists with regard to the closing of Victoria Hospital, which was started by Lady Strangford after the Egyptian war. It succumbed to a series of financial difficulties in December of last year, and for a long time its friends hoped for its resurrection. But no practicable scheme was forthcoming, and its furniture, its name, and a modified Government grant are now inherited by a new hospital, which is to be opened in October next.

Cairo, March 18th.

THE VICTORIA HOSPITAL, SUEZ.

(From our Special Correspondent.)

THIS hospital has been equipped and made ready to receive the wounded from Suakim. It was built by the Indian Government when English troops first began to use the overland journey, in order that men who were too ill to proceed might find a comfortable resting-place for a time. But when the troopships were able to use the canal there was no further need for the place. The hospital consists of several wooden buildings, well built, and raised about three feet from the ground on iron supports. The rooms are protected from the sun by capital verandahs, and are lofty and well ventilated by opposite windows, with clerestories and ridge openings in the roof. The two long wards, named Argylla and Northcote respectively, hold each twenty beds, giving to each about sixty feet of superficial area, not quite the Indian allowance, but sufficient for this time of year at Suez, where the temperature just now is pleasant and quite cool at night, the thermometer in the wards standing to-day

at 69° F. In addition to these wards there are several special ones, with bath-rooms, dispensary, nurses' rooms, &c. There is also a building arranged for sick officers, nine of whom can be accommodated; and in this part of the establishment there is a separate kitchen, with a special cook. The conservancy arrangements are on the dry-earth system. The water-supply is good and abundant from the sweet-water canals, from which it is drawn, filtered, and pumped up into a cistern by local water-works. The food-supply is sufficient, and of fair quality; no fresh milk, however, is procurable. Ice can be obtained from Cairo, and oranges in any quantity. The climate is remarkably dry; nights generally cool, though the days are hot. The medical staff consists of Surgeons-Major Jeffcoat, Godwin, and Churchill; and Surgeons Gormley, Briggs, Mitchell, and Bond. There are three nursing sisters. The Army Hospital Corps numbers forty, assisted by native labour.

On the 9th instant the *Jumna* brought 140 cases of wounded from Suakim. The landing place is at some distance from the hospital, about three miles. A special train met them and at once conveyed all the slighter cases up to the hospital, where they were admitted, allotted to beds, supplied with hot food, and had their wounds dressed. As soon as they had been disposed of the train arrived with the serious cases, which were conveyed on stretchers placed in third class carriages, from which all seats had been removed and bundles of hay arranged along both sides. The carriages are long ones with doors at either end. The stretchers rested upon the hay, which acted as springs. It proved a most excellent method, and the worst cases felt no jolting, but were astonished at the little inconvenience caused by the motion of the train. Hot beef-tea, chicken broth, arrowroot, wine, &c., were ready for them after they had been carefully assisted to bed by the excellent sisters attached to the hospital. The 1st Staffordshire Detachment furnished a fatigue party of most willing men, who helped right well, and the Army Hospital Corps in their different grades worked very hard to ensure the comfort of the poor fellows just brought in. A strict antiseptic line of treatment has been adopted throughout the hospital, with most gratifying results to those who have carried it out. The air of the wards and tents is very pure, and the wounds granulate, with little discharge, and that of an innocent nature. The slighter cases are moved on to Cairo from time to time to prevent this hospital from filling. Many of the wounds are due to spears and swords, and there is not the amount of bone-smashing usual after a battle. The men are very brave and patient and in excellent heart and spirits. The *Jumna* is expected to arrive in a day or two with ninety-five wounded and eighty sick. To make room sixty-five cases of nearly recovered men were sent on to Cairo this morning (17th inst.)

Victoria Hospital, Suez, March 16th, 1884.

INDIA.

(From a Correspondent.)

THE GERMAN CHOLERA COMMISSION.

IT is said that the German Cholera Commission proceed shortly to Goalundo and Darjeeling to prosecute further inquiries. After a brief prolongation of their Indian visit, they return to Germany, but they hope to be back in India in the next cold weather. Their experiments, they state, cannot be favourably conducted in the hot weather, hence their departure; but the Commission will take home an abundance of material to work on, and on their return to India they hope to devote their attention to the subject of malaria.

DR. HUNTER'S CHOLERA REPORT.

This is attracting a good deal of attention from medical men in this country and the Press. Many of the papers have published leading articles, the text of which was taken from the Report of Cholera in Egypt by Dr. (now Sir William) Hunter. Letters from medical men have followed in the wake of these leaders. The opinion of the delegate that cholera is not contagious has excited a controversy in India, where, as elsewhere, the opposite view is held. It is further believed that he was very imperfectly acquainted with Professor Koch's researches, when he wrote that the bacilli discovered by this *savant* are the result of decomposition. For my part I am inclined to think that Dr. Hunter himself has adduced sufficient evidence to prove that the cholera of the Egyptian epidemic, at any rate, propagated itself from place to place and from person to person by means of its contagium vivum.

THE GRANT MEDICAL COLLEGE, BOMBAY.

The annual distribution of prizes of this institution took place on Feb. 29th, on which occasion Sir James Fergusson, Governor of Bombay, presided. The annual report which was read was the thirty-eighth issued since the College was founded, and 73 per cent. of candidates passed the L.M. and S. Examinations of the Bombay University. It appears that female students were admitted into the College for the first time in January of the current year, and that there are now twelve of them studying medicine; the report of the principal, Dr. Vandyke Carter, is good, and promises well of them. The proceedings concluded with a short speech by the chairman, followed by the acting principal thanking him for presiding over the meeting.

THE ASSISTANT HEALTH OFFICERS OF BOMBAY.

It is said that the Municipality of Bombay are carrying into effect their resolution of appointing two assistant health officers, one of whom shall be a medical man, in the place of the present lay health officer. It is certainly an anomaly having a lay health officer. I have before commented upon the small pay offered, which would fail to be an incentive to eligible candidates coming forward. I understand that Dr. Balfour, a local practitioner not in the service, is a candidate for the post of medical assistant health officer, and that the assistant to the chemical analyser to Government is another candidate; this gentleman is a native local licentiate.

SUDDEN DEATH ON THE OPERATING TABLE.

A curious case of this kind, which has been the subject of a coroner's inquest, is reported in the local papers, from which it would appear that a woman was admitted into the European General Hospital, under the care of Dr. Blanc, for pelvic abscess. She was placed on the operating table (but it is not said whether or not chloroform was administered), and Dr. Blanc proceeded to make an examination with an exploring needle, immediately after which the patient died, from syncope, it is said. The report published in the papers is very meagre, and I have not yet seen the full report of the post-mortem examination, which, instead of being conducted by the coroner's surgeon, was performed by a member of the staff of the same hospital who had been called in to the case when the accident occurred.

An epidemic of cholera is prevalent at Hyderabad, Deccan, and the Nizam is dangerously ill from it, and is under the care of Dr. Beaumont, Residency Surgeon.

Bombay, March 7th.

Obituary.

HENRY WALKER, M.A., M.D., J.P.

GREAT regret will be felt at Brierley Hill and its neighbourhood at the unexpected death of Dr. H. Walker, at the comparatively early age of sixty-four. He was well known as an honourable gentleman, and took a prominent part in political and other public events. He was of fine physique, and until receiving an injury twelve months ago to his back, while leaving a train which was still in motion, bid fair to live to a venerable age. He was the son of Captain Henry Walker, of Charlestown, Inverness-shire. Early in life he graduated M.A. at the University of Aberdeen, and after studying medicine at the University of Edinburgh obtained the degree of Doctor of Medicine, the diploma of the Royal College of Surgeons of Edinburgh, and the licence of the Apothecaries' Company of London. He was a skilful practitioner, and his attainments in surgical knowledge were sound and considerable, having in his time performed most of the major operations, at a time when accidents were of more frequent occurrence in the Black Country, before the Mines Regulation Act had passed or machinery was protected by Act of Parliament, and when hospitals were less numerous than in the present day. Dr. Walker was a good

lithotomist, and operated ten times successfully, the last time about two years ago. To his judicious treatment may be attributed the recovery of the twelve persons who were imprisoned in the Earl of Dudley's Nine Locks Pit, by the water rushing in upon them, and remained there from the Tuesday evening to the following Sunday at noon, with no food save a crust, a candle or two, and some dirty water. Dr. Walker was a Justice of the Peace for the county of Stafford, Certifying Surgeon under the Factories Act for the district of Kingswinford, and Surgeon to the C Company, R. V. Battalion, South Staffordshire Regiment. He was attended during his illness by his partner, Mr. Ashmead, assisted by Dr. Rickards of Birmingham, who saw him frequently. He was buried at Kingswinford Church, and followed to the grave by mourning relatives, brother magistrates, and a large number of friends.

MEDICAL NOTES IN PARLIAMENT.

IN the House of Lords on Friday, the 21st inst., the Earl of Milltown gave notice that he would postpone his motion on the existing state of the Lunacy Laws until after the Easter recess.

The Medical Bill.

In the House of Lords on Thursday this Bill was reported as amended and ordered for third reading.

Southwark and Vauxhall Water Company.

In the House of Commons on Monday, in reply to Sir Trevor Lawrence, Mr. G. Russell stated that there was no power to compel this company to cover their reservoir and filter-beds at Nine Elms, which were in close contiguity to a dustyard, but the company were negotiating for the purchase of the yard. They were also expending £25,000 on the works at Hampton, which would be finished this year.

Dr. Cameron deferred until Monday next his motion for a return of particulars of the invaliding from the army of soldiers and recruits.

Over-pressure in Schools.

On Tuesday, in reply to Mr. Jackson, it was stated by Mr. Mundella that the overwhelming weight of evidence collected by Her Majesty's inspectors went to show that, generally speaking, there was no over-pressure in the public elementary schools; but particular cases had occurred, and therefore extra precautions were taken in the new code. The hours of teaching by female teachers would be shortened. The allegations as to death from over-pressure had not been substantiated in any one case. Statements upon these special inquiries would be presented to Parliament, but not the inspectors' reports, which were confidential.

Subjects for Dissection.

Mr. Trevelyan informed Mr. Healy that unclaimed bodies might be handed over to the Medical School at Queen's College, Cork, from the District Lunatic Asylum; but this was only done under the supervision of the inspector of anatomy. He had satisfied himself that the law had been strictly complied with; and he thought that the matter did not require the publication of details as to number and cost.

On Thursday, in reply to a further question, Mr. Trevelyan said no money was paid to the asylum for the subjects.

Mr. Healy thereupon gave notice that he would ask why the students were charged a fee.

The Patent Medicines Bill.

It was generally understood that the Government intend to deal with the subject of poisonous or deleterious patent medicines, and therefore Mr. Warton's Bill, although it afforded an opportunity for an interesting discussion, was hardly seriously debated, and the proposal to read it a second time was negatived without a division. The scheme of the hon. member for Bridport was evidently unworkable, but credit is due to him for having kept the subject before the attention of Parliament for the last two or three sessions; and Dr. Farquharson, whose speech was the most remarkable feature of the debate, showed his sense of this by putting his name on the back of the Bill, whilst reserving the right to criticise its provisions.

Private Lunatic Asylums.

Mr. Corbet gave notice that on Monday he will move for a return of actions brought during the last ten years for wrongful confinement in private lunatic asylums.

The Indian Medical Service.

Mr. Gibson gave notice that next Thursday he will ask the Under Secretary of State for India, is the number of surgeons of the Indian Medical Service under and up to five years' service, as shown by the recently issued Bengal Army List of December, 1883, who are employed on "unemployed" pay, in Bengal alone, twenty-eight out of a total of fifty-nine surgeons; is it a fact that all these twenty-eight surgeons employed on "unemployed" pay are not only supernumerary to the actual number of appointments, but are even also supernumerary to those surgeons who are only "officiating" for officers who really hold these actual appointments, but are at present on leave; is it a fact that, considering only the cases of all surgeons under and up to five years' service, as shown by the Bengal Army List of December, 1883, fifty-four surgeons, out of a total number of fifty-nine joined, would have to retire from the list in question before any candidates who compete for the "appointments" offered for competition in February can obtain any of the rates of pay now termed "substantive;" what is the nature and value of the five "appointments" advertised for competition for February, 1884, and of the five "appointments" advertised for competition in August, 1884; is there, in the whole Indian Staff Corps, one instance of an "unemployed lieutenant" drawing the pay of 256 rupees per mensem, as alleged by him; and, is it a fact that when being "instructed," or doing duty, the officers of the Indian Medical Service actually receive less pay than their brethren of the same standing in the Army Medical Department.

Venereal Diseases in the Navy.

On Thursday, Mr. S. Smith asked the Secretary to the Admiralty, with reference to a correspondence published by Dr. Birkbeck Nevins, of Liverpool, whether it was true that a misleading comparison of the amount of venereal disease as between "protected and unprotected" ports had been published in the Navy Report for several years past; and whether it was the intention of the Government to discontinue the comparison, and acknowledge that it was erroneous.—Lord Eustace Cecil said before the hon. gentleman answered that question he should like to ask him another of which he had given private notice—viz., whether the rate of admissions into Plymouth Hospital of cases of venereal disease had not risen from 104 per thousand during the last six months of 1882, when the Contagious Diseases Acts were in operation, to 230 per thousand during the last six months of 1883, when the Acts were suspended.—Mr. Campbell-Bannerman answered that the table of comparison of the amount of venereal disease at protected and unprotected ports was originally suggested by the leading opponents of the Contagious Diseases Acts, and was at their instance included in the annual reports of the navy. Last year, on looking into the matter, the Admiralty came to the conclusion that the comparison was of no real value, and resolved to discontinue it. Through inadvertence in the office, however, the table was repeated in the early copies of the report which were issued this year. The mistake was at once corrected, and no such table appeared in the copies supplied to hon. members and generally circulated. The figures cited by the noble lord appeared to be correct, and were taken from a return recently presented.

The Queen's College in Ireland.

Mr. Justin McCarthy asked whether the Government were prepared to grant certain returns as to the Queen's College in Ireland and the Royal University.—Mr. Trevelyan said the Irish Government had received an application from the corporate body of Cork College for a Royal Commission of inquiry. The Irish Government were of opinion that an inquiry was necessary, and were at the present moment considering the form in which it should be made, and the field which it should cover. Such an inquiry, if held, would probably obviate the necessity for the returns; but as he could not speak definitely on that point, he would be glad if the hon. member would repeat his question next week.

Medical News.

COLLEGE OF PHYSICIANS IN IRELAND. — At the March examinations the following candidates obtained the licences in Medicine and Midwifery of the College :—

MEDICINE.—Henry Bullen Beatty, John Craig, Godfrey Oldfield Cuppaidge, Robert Hickson, Benjamin Rigby Johnston, Christopher Peter Kelly, Margaret Morice, Henry Ross Todd, George Robert Williams, Samuel Richard Wills.

MIDWIFERY.—Henry Bullen Beatty, Godfrey Oldfield Cuppaidge, Robert Henry, Robert Hickson, Benjamin Rigby Johnston, Margaret Morice, Patrick Neary, George Robert Williams, Samuel Richard Wills.

The undermentioned have been admitted Members :—

John Christal. | Charles Scovell Grant.

ROYAL COLLEGE OF SURGEONS IN IRELAND. — At a meeting of the Court of Examiners held on the 18th inst. and following day, the undermentioned was admitted a Fellow of the College :—

Robert Strangman Cochrane.

APOTHECARIES' HALL. — The following gentlemen passed the examination in the Science and Practice of Medicine, and received certificates to practise, on March 20th :—

Cropley, Alfred, Swaton, Lincolnshire.
Evers, Charles John, Kidderminster-street, Stourbridge.
Harris, Arthur Wellesley, Exmouth-street.
Jefferies, Horace, Bromsgrove.
Long, Edwin Walter, Southsea.
Morris, Richard John, Thornton, Bradford.
Reeks, John, Elvin House, Andover.
Smith, Stephen Francis, Holloway-road.
Stephenson, Sydney Harry, Clerk-street, Edinburgh.
Walker, Harry Victor, Walker-terrace, Plymouth.

The following gentlemen also on the same day passed the Primary Professional Examination :—

Parounag-Jean Baronoff, Lariboisière, Paris ; George Thorpe, St. Bartholomew's Hospital.

VACCINATION GRANTS. — A. H. Mair, M.B., of Woodstock, and Dr. Farrar, Chatteris, have received the Government grant for successful vaccination.

THE RICHMOND WATER-SUPPLY. — A Local Government Board inquiry is to be held on the question of the Richmond water-supply on April 3rd, when Major Tulloch will attend.

THE Professor of Anatomy in Queen's College, Cork, has been presented with an address from about 150 students attending his lectures, in which the recent agitation about the fees receives unqualified repudiation. The address also speaks in high terms of the zeal and ability of the Professor and his assistants.

DR. BJÖRNSTROM, a Swedish physician, has introduced, with great benefit to his patients, the art of printing into the asylum at Stockholm over which he presides. The inmates have acquired sufficient skill in all the branches of the art of book-making to have produced a very creditable volume, entitled "Mental Diseases and Abnormal Psychical Conditions." Of course the idea is no novelty in Britain.

ST. MARY'S HOSPITAL.—In addition to extensive alterations in the medical school connected with this hospital, a new wing containing seventy beds has been added to the institution, and is to be opened on May 6th, by the Princess Louise, Marchioness of Lorne. The prizes gained by students of the school will also be distributed on the same occasion.

HOSPITAL FOR SICK CHILDREN, BELFAST.—During the past six months 6297 cases were attended at the extern department, and 152 admitted to the wards. A large number of cases of hip disease, excision for diseased bone, and operations on club feet were successfully undertaken. That the instruction given at the hospital is appreciated is shown by the fact that twenty-four students are attending the practice of the hospital.

RICHMOND DISTRICT LUNATIC ASYLUM, DUBLIN.—During last year 1476 patients were under treatment in this institution, of whom 429 were admitted during the year, 147 were discharged cured, 113 improved, while 148 died. The percentage of recoveries on admissions was 34, on total number in asylum 9; while the percentage of deaths on admissions was 34, and on total in asylum 10. Dr. Lalor, the resident medical superintendent, attaches great importance to the system of education carried out in the institution—education not in its ordinary and restricted sense, but in the widest and fullest acceptation of the term. Hence a reading, geography, arithmetic lesson, &c., taught to the insane, is not to be considered as a lesson for the sake of mere improvement in these branches, but as furnishing food and medicine to a diseased and debilitated mind.

UNIVERSITY OF CAMBRIDGE.—The special Board for Biology and Geology have recommended that a University Lecturer in the advanced Morphology of Vertebrates and another in the advanced Morphology of Invertebrates be appointed, and that each should receive a stipend of £100 a year. The Board also recommend that a senior demonstrator in Animal Morphology be appointed, at a salary of £200, and an assistant demonstrator in the same subject, at £50.—The Shuttleworth Travelling Scholarship, tenable for three years, has been obtained by C. S. Sherrington, B.A., of Gonville and Caius College.

THE KYRLE SOCIETY.—A meeting of this Society was held on the 24th inst., when Miss Octavia Hill read a paper on the work of the Society, the necessity for securing more open spaces for the poor, and the improvement of their dwellings by decorating them and planting flowers and shrubs. Already three disused burial-grounds have been secured and have been converted into public gardens, and it is proposed to have in connexion with these some invalid chairs, drinking fountains, and periodicals, the latter to be lent out by the keepers. It was stated that the efforts of the Society are sorely crippled through want of funds.

ON Wednesday night a terrible gas explosion occurred at Banbury in an untenanted house in the Market-place. A workman had put up a chandelier in the drawing-room, and left it without putting in the water. At half-past eight, when the gas had been escaping for two or three hours, Mrs. Humfrey, wife of the incoming tenant, and her mother-in-law went into the room and proceeded to light the gas. A tremendous explosion occurred, knocking out nearly every window in the house, the door of the room, and the front door, and bringing down two or three ceilings. Both ladies were very much burnt about the face and hands and cut with the broken glass. Half a dozen windows in Messrs. Gillet's Bank on the opposite side of the street were also broken.

A NEW SOCIETY IN CONNEXION WITH TEMPERANCE.—At a meeting of medical men, held on the 25th ult., a new society was constituted to "investigate the various causes of inebriety, and to educate the professional and public mind to a knowledge of these causes and to a recognition of the physical aspect of habitual intemperance." The following have accepted office for the first year :—President: Dr. Norman Kerr, F.L.S. Vice-presidents: Sir Geo. Burrows, Sir Spencer Wells, Sir Edwin Saunders, Sir Geo. H. Porter, Sir William Miller, Dr. Cameron, M.P., Dr. Farquharson, M.P.; Professors Maclagan (Edinburgh), Macalister (Cambridge), and McKendrick (Glasgow); Drs. B. W. Richardson, W. B. Carpenter, J. S. Bristowe, and C. J. Hare. Treasurer: Dr. Drysdale. Secretary: Dr. Caw. An inaugural address will shortly be given.

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning at the latest.*

CHURCHILL, JOHN FOOT, L.R.C.P.I., M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the Second District of the Amersham Union.

BUXTON, DUDLEY W., M.B., B.S.Lond., M.R.C.P., &c., has been appointed Administrator of Anæsthetics to the Hospital for Women, Soho-square, vice Tom Bird, Esq.

EDWARDS, JOSHUA PRICE, L.F.P.S.Glas., L.S.A.Lond., has been appointed Medical Officer for the Tunstall District of the Wolstanton and Burslem Union.

ELIOT, ERNEST FREDERIC, L.S.A.Lond., has been appointed Resident Obstetric and Ophthalmic Surgeon to the Queen's Hospital, Birmingham.

FRANKS, KENDAL, F.R.C.S.I., has been appointed Medical Officer to the Mutual Medical Fund, Bank of Ireland.

BEST COPY

FREER, E. L., M.R.C.S., has been appointed Honorary Surgeon to the Birmingham Orthopædic and Spinal Hospital.

FREER, W. C., M.R.C.S., has been appointed Consulting Surgeon to the Birmingham Orthopædic and Spinal Hospital.

GOSTLING, W. AYTON, M.R.C.S., late House-Physician to University College Hospital, has been appointed House-Surgeon to that institution.

HARPER, GERALD, M.B., has been appointed Assistant-Physician to the Chelsea Hospital for Women.

HOOPER, CHARLES, M.R.C.S., L.S.A.Lond., has been reappointed Medical Officer of Health for the Aylesbury Urban Sanitary District.

KIRBY, E. D., M.B., C.M.Ed., M.R.C.S., has been appointed House-Surgeon and Secretary to the Bridgenorth Infirmary, vice T. Lambert Hall, M.R.C.S., L.S.A.Lond., resigned.

MCGACHEN, F. W. D., L.F.P.S.Glas., L.M., L.S.A.Lond., has been appointed Medical Officer and Public Vaccinator to the No. 5 District of the Newport Pagnel Union, vice F. Deynes, M.D., resigned.

RABBETH, SAMUEL, M.B Lond., M.R.C.S., has been appointed Senior Resident Medical Officer to the Royal Free Hospital, Gray's-inn-road.

SPROULLE, THOMAS W., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer for the Mirfield District of the Dewsbury Union.

STATHERS, G. NICHOLSON, M.R.C.S., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator to the Tenth and Eleventh Districts of the Wycombe Union, vice Henry Hayman, F.R.C.S.Eng., resigned.

TREVES, FREDERICK, F.R.C.S.Eng., has been appointed Lecturer on Anatomy at the London Hospital, vice Mr. Walter Rivington, appointed Lecturer on Surgery.

VIOLETTE, WILLIAM BRADLEY, M.B., C.M.Glas., has been appointed Resident Medical Superintendent of the Little Bay Coast Hospital, Sydney.

WIGAN, GEORGE, M.R.C.S., has been appointed Government Medical Officer for the District of Armidale, New South Wales. Also Visiting Surgeon to the Armidale Gaol.

Births, Marriages, and Deaths.

BIRTHS.

DALGAIRNS.—On the 18th ult., at Kamptee, India, the wife of Surgeon-Major Alfred E. Dalgairns, 7th Regiment M.N.I., of a daughter, stillborn.

LAST-SMITH.—On the 22nd inst., at Mayfield, Torquay, the wife of Edward Last-Smith, L.R.C.P.E., L.R.C.S.E., of a son.

PAULLEY.—On the 21st inst., at Pulham Market, Norfolk, the wife of Legge Paulley, L.R.C.P.E., M.R.C.S., of a son.

WOODRUFF.—On the 21st inst., at Parade House, East Cowes, Isle of Wight, the wife of J. Winthrop Woodruff, M.R.C.S., L.R.C.P.Ed., of a daughter.

MARRIAGES.

ATKINSON—CLARK.—On the 20th inst., at the Parish Church of Fangfoss, George Fernley Atkinson, L.R.C.P., of Snaith, to Mary Sophia, eldest daughter of Edward E. Clark, Esq., of Far House, Cowick, Selby.

BOND—PRIESTLEY.—On the 8th inst., at St. Paul's Church, Clifton, by the Rev. M. B. Saunders, assisted by the Rev. Canon Mather, J. W. Bond, M.D., of New-cross, to Ella, daughter of the late Colonel Edward Ramsden Priestley, of the 42nd Royal Highlanders (the Black Watch).

HAMILTON—CUNINGHAME.—On the 22nd inst., at St. Ann's, Dublin, James C. Hamilton, M.B., eldest son of the late Rev. Charles Hamilton, of Gorey, co. Wexford, to Beatrice E., youngest daughter of the late Colonel Gun Cuninghame, D.L., of Mount Kennedys, co. Wicklow, Ireland.

DEATHS.

BROWN.—On the 21st inst., at Brixton-road, after two days' illness, Robert Gibson Brown, M.R.C.S., L.S.A.Lond., aged 52.

DUCKWORTH.—On the 20th inst., at 11, Grafton-street, Piccadilly, Elizabeth Dyce, only daughter of Dyce Duckworth, M.D., aged 12 years and 6 months.

HICKMAN.—On the 19th ult., suddenly, at Jhansi, Central India (Rifle Brigade), the result of an accident at polo, Arthur Hickman, M.D., L.R.C.S., L.R.C.P., Surgeon, Army Medical Department, second son of the late W. V. F. Hickman, M.A., of Athenry House, co. Galway, and Dublin, aged 30.

NICHOLSON.—On the 21st inst., at Grove-road, St. John's-wood, John Nicholson, M.D., formerly of Lincoln, in his 70th year.

TEEVAN.—On the 22nd inst., at North End House, Croydon, John Teevan, M.R.C.S., of Woodside Court, near Croydon, in his 83rd year.

THOMSON.—On the 21st inst., at Palace-gardens-terrace, London, Allen Thomson, M.D., D.C.L., LL.D., F.R.S., formerly Professor of Anatomy in the University of Glasgow, aged 75.

N.B.—*A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.*

Medical Diary for the ensuing Week.

Monday, March 31.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

ST. MARK'S HOSPITAL.—Operations, 2 P.M.; on Tuesday, 9 A.M.

HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.

MEDICAL SOCIETY OF LONDON.—8.30 P.M. Dr. Norman Chevers, "On Febris Exanthematica Orientalis," otherwise "Beriberi Fever."

Tuesday, April 1.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour. Ophthalmic Operations on Mondays at 1.30 P.M., and Thursdays at 2 P.M.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

ROYAL INSTITUTION.—3 P.M. Professor Gamgee, "On Animal Heat."

PATHOLOGICAL SOCIETY OF LONDON.—8.30 P.M. The following specimens will be shown:—Spine from a Case of Spastic Contraction of Sterno-Mastoid (card); Juvenile Osteo-Malacia; Bone Disease in Animals; Ulceration of Small Intestine and Disease of Skull, probably Syphilitic; Acne Keloid; True Cystic Disease of Liver, with Yellow Fever and Tuberculosis; Three Cases of Malignant Disease of the Bronchial Glands; Obstruction of One Coronary Artery (card); Cirrhosis of Liver, free Coagula in Pulmonary Vein (card); Extreme Obstruction of Coronary Artery (card); Chondro-Epitrochlearis Muscle on both sides (living specimen).

Wednesday, April 2.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.—Ophthalmic Operations on Tuesdays and Thursdays, at 1.30 P.M.

ST. MARY'S HOSPITAL.—Operations, 1½ P.M.—Skin Department 9.30 A.M., on Tuesdays and Fridays.

ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.

LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.

GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.—Skin Department: 1.45 P.M., and on Saturday at 9.15 A.M.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 P.M. Lumleian Lecture: Dr. James Andrew, "Etiology of Phthisis."

OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Specimens will be shown by Dr. Godson and others.—Mr. Alban Doran, "On the Relation of Prolapse of the Vagina to Hernia, illustrated by two Pedigrees."—Dr. Kilner, "Upon the benefits derived from the Induced Current during Parturition."—Dr. Arthur Mitchell, "On Strong Mental Emotion affecting Pregnant Women as a cause of Idiocy in the Offspring."

Thursday, April 3.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

NORTH-WEST LONDON HOSPITAL.—Operations, 2½ P.M.

ROYAL INSTITUTION.—3 P.M. Professor Tyndall, "On the Older Electricity.'

HARVEIAN SOCIETY.—8.30 P.M. Mr. H. Cripps Lawrence will open a Discussion on Scarlet Fever—(1) Etiology, (2) Surgical, (3) Puerperal, (4) Differential Diagnosis.

Friday, April 4.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.

ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2 P.M.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 P.M. Lumleian Lecture: Dr. James Andrew, "Etiology of Phthisis."

ROYAL INSTITUTION.—8 P.M. Professor T. G. Bonney, "The Building of the Alps."

Saturday, April 5.

KING'S COLLEGE HOSPITAL.—Operations, 1 P.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.

ROYAL INSTITUTION.—3 P.M. Captain Abney, "On Photographic Action."

BEST COPY AVAILABLE

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET OFFICE, March 27th, 1884.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Mar. 21	29·98	N.W.	43	40	85	53	39	·03	Cloudy
,, 22	30·11	W.	42	39	80	53	35	..	Hazy
,, 23	30·05	W.	47	44	81	54	43	..	Hazy
,, 24	30·16	N.	44	41	86	53	40	..	Hazy
,, 25	30·18	E.	40	38	..	48	37	..	Hazy
,, 26	30·12	E.	41	38	..	46	38	..	Cloudy
,, 27	30·18	E.	41	39	..	43	39	..	Overcast

Notes, Short Comments, and Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editor."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for publication or private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe, or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

A WARM QUARTER.

ACCORDING to tables published by the Government meteorologist at Sydney, New South Wales, the temperature taken in the town of Bourke, some 500 miles from Sydney, showed an average at the hottest period of the day for the first fifteen days of the present year of 110·6° F. The lowest figure for any of the days was 103·5° F., and the highest 122° F., which was reached two days in succession.

A Parent.—We should be glad if our correspondent would obtain and forward to us the report referred to and an analysis of the water supplied to the institution.

"ENLARGEMENT OF THE MAMMARY GLANDS IN INFANTS."

To the Editor of THE LANCET.

SIR,—I have noticed in the last two numbers of THE LANCET some correspondence about enlargement of the breasts in newly-born infants, with suggestions for its treatment. Will you allow me to say that I have arrived at the firm conviction, after having been frequently annoyed by the occurrence of such enlargement and its often running on to abscess, that in every, or almost every, case it is due to faulty dressing of the child—viz., to some of its clothing being too tight and pressing upon and irritating the breasts. If your correspondents will not mind taking the trouble personally to investigate this, as by passing their hand underneath the clothing, I think they will find either that the usual bandage round the navel is too broad (a common fault), and has probably also slipped up, so that its upper edge irritates the breast, or that there is some tight string round the child's chest, a common and faulty mode of fastening an infant's clothing, as it is very apt to be accidentally drawn too tight. When these sources of irritation are removed, all that is necessary is a soft pad of cotton-wool over each breast to protect it from pressure or rough contact, when, if the inflammation has not already proceeded to abscess, it will rapidly subside. Friction with oil or any other application is, in my experience, unnecessary, and often injurious, as it is friction or pressure by the dress which has given rise to the evil in the first instance.—I am, Sir, yours faithfully,

North Shields, March 19th, 1884. ROBERT S. PEART, M.D.

SPORADIC CRETINISM.

To the Editor of THE LANCET.

SIR,—In your report this week (p. 526) of my case of Sporadic Cretinism with appearance of Myxœdema, shown before the Medical Society of London on March 17th, you state that the surface temperature was 45° F. This is of course a misprint for 95° F.

I am, Sir, yours very obediently,
AMAND ROUTH, M.D., B.S.

Upper Montagu-street, W., March 21st, 1884.

ENGAGEMENTS OF MONTHLY NURSES.

Messrs. Greenfield & Abbott, of Queen Victoria-street, ask for reference to the record of a case in which a monthly nurse, unable to continue attendance during the whole period for which she was engaged, has been refused payment for her services till called to another engagement, the probability of her being thus summoned having been mentioned by her, and tacitly acquiesced in by the lady employing her. In the case referred to by our correspondents the nurse was telegraphed for eighteen days after the confinement of the lady, who was then convalescent. Payment for services rendered during this time was refused, and the matter being taken to the county court, the judge maintained the justice of this refusal, and non-suited the nurse with costs.

A Constant Subscriber.—We believe it is customary for life offices to require all necessary evidence to be furnished by claimants at their own cost.

MEDICAL REGISTRATION OF DEATHS ON THE SEAS.

To the Editor of THE LANCET.

SIR,—The Social Science Association advocates medical registration of deaths at sea and coroners' inquiries as a mode of diminishing mortality at sea. The Parliamentary "return relative to the deaths of seamen in the British merchant service, reported during the year 1882," owes its origin to the administration by the Board of Trade of deceased seamen's wages and effects. It pretends, however, to tabulate the thirty-nine diseases from which they died, as diagnosed by the captains, aided by the eighteen mercantile marine superintendents (usually sailors), or by the 116 collectors of customs. These excellent men report that there were 1011 deaths of seamen from disease or natural causes out of a total of 4659 deaths on the seas and abroad, and that 2131 were drowned by shipwreck, 1036 otherwise than by wreck, and 286 killed by other accidents, making 3453 so-called accidental cases. Except the private inquiries of the persons above named, duly reported to the Board of Trade, there were special inquiries only in fifteen cases, resulting in one offender being cautioned by the Board of Trade. But in no one of these 3453 cases of death by so-called accident was any coroner, magistrate, or other officer of the law invoked.

The causes of death are, in short, little more than guessed at, and in 151 cases are said to be "unknown." Moreover, the return does not include the deaths of captains nor those of seamen dying after they are landed in the United Kingdon; it includes some deaths in colonial ships. No rate of mortality can be deduced from this return, for if we deduct 3167 drowned, a death to which landsmen are not liable, the death-rate for comparison with landsmen would be only 5·9 per 1000 or 4·2 per 1000, according as we exclude or include colonial crews in the ratio; whereas between the ages of fifteen and sixty-five the ratio on shore is about 14·3 per 1000. It is plain, then, that the various statements as to the death-rate in the mercantile marine, based on this return, are utterly fallacious.

The freedom from all law as to life naturally begets fatal impunity, so that more than three-fourths of the recorded deaths are by violence. The Social Science Association thinks this impunity is the root of the evil, and it suggests that sailors should share with landsmen the protection of the ordinary laws of the realm, so far as life is concerned. The Social Science Association recommends:—

"(*a*) That it is advisable to secure medical registration and legal inquiry by the coroner in the case of deaths on the high seas in registered British ships, with a view to diminish mortality in th British mercantile marine.

"(*b*) That in case of all deaths during the voyage, the causes and treatment should be inquired into by a medical officer appointed to attend the shipping office when the crew is being paid off, and that be forwarded without delay to the Registrar-General, a medical certificate of the cause of death, the same as would have been required had the death occurred on land.

"(*c*) In case of suspicious, accidental, or violent death, that the medical officer or Registrar-General of England should invoke the aid of the coroner of the district as if it had taken place on land, and the body were lying in the district in which the ship is paid off, although the body shall not be forthcoming.

"(*d*) In case the coroner's jury inculpates any person in connexion with the death, that the local police, acting under the direction of the Attorney-General or Solicitor of the Treasury, shall take charge of the prosecution.

"(*e*) The expenses of the medical registration of deaths at sea might be defrayed out of the unclaimed wages of deceased seamen."

Space prevents more, but to those who would study the matter further, I commend *Colburn's Magazine* for July and August, 1883, where it is more fully developed.—I am, Sir, yours, &c.,

March 17th, 1884. A COMMANDER, R.N.

A Young Practitioner has not enclosed his card.

Tyro.—The error has been corrected.

"TREATMENT OF ERYSIPELAS BY WHITE LEAD."

To the Editor of THE LANCET.

SIR,—Will Mr. Day kindly state the proportions of the compound used by him in the case mentioned in THE LANCET of March 8th?

I am, Sir, yours, &c.,

March 22nd, 1884. HOLLINS CROSS.

"FOR URETHRAL MALADIES."

WE are asked to state, in reply to many inquiries, that it is Saxifraga alba Dr. Granville recommends for urethritis.

Clavicle.—1. The Atlas may be obtained of Williams and Norgate, Henrietta-street, Covent garden, W.C.; £4 8s.—2. Both are so good that it is difficult to express a preference; Godlee's is in some respects complementary to Ellis's, and the last edition of Ellis's "Demonstrations of Anatomy" contains small copies of the drawings in his "Plates."

WASHING OUT THE BLADDER.

To the Editor of THE LANCET.

SIR,—May I, although a layman, venture to say a few words on this important subject, not with the view of enlightening medical men, but to afford persons suffering from cystitis and prostatic enlargement some of the results of my own experience? For upwards of two years I have passed a catheter at least twice a day, and sometimes much oftener, and have washed out the bladder twice daily. In these days of indiarubber, the passage of a catheter, especially when the patient does it himself (for then the manipulation is pretty sure to be tender and considerate), is by no means a formidable business. The urethra gets comparatively callous from the constant travelling of the instrument over it, and except now and then, when there happens to be some temporary special irritation about the neck of the bladder, I find the operation troublesome rather than painful. But when I was first told by a famous London surgeon that I must also wash out the bladder, I recoiled with horror from the idea. Experience, however, has shown that my fears were entirely groundless. Those who are compelled by their infirmities to use a catheter may as well also wash out, for the operation is a mere nothing—rather agreeable than otherwise—and it undoubtedly prevents the development of septic mischief, to which there is always a tendency in the cystitic bladder. My appliances are of the simplest kind, and I need no one to help me. I use an ordinary red indiarubber catheter, well lubricated with carbolised oil (one in ten), and warmed in chilly weather by holding it between my closed palms. I am very careful to wash and dry the catheter afterwards, with the result that the one I am now using, after thirteen months' work, is as fresh and elastic as Mr. Weston after his 5000 miles' walk. For the washing out I use a common two-ounce stopcock elastic syringe and blood-warm water (which has, however, been boiled, as a precaution against possible bacteria), flavoured either with a tablespoonful of quinine solution or dilute carbolic acid. I fill the syringe twice, this quantity being a fair-sized dose for the bladder, and I allow the liquid to stay inside about five minutes before letting it drain out. With ordinary care not a bubble of air need ever get into the bladder. Familiarity, however, makes me careless, and not unfrequently such an incident does happen. Doctors seem to think that this introduction of air is dangerous, and at the outset I was warned against it. All I can say is that when such a mishap, if it be a mishap, does occur, and when the time for letting out the injection arrives, the bladder just indignantly belches forth the air (as an offended stomach would), and I have never felt a penny the worse for it. And now a word to my fellow-sufferers on the benefits of washing out. I used to have very disturbed miserable nights, in and out of bed, standing shivering with the utensil in my hand. I now sleep without stirring till getting-up time comes, and during the day I pass water naturally with little difficulty, a feat which I could not accomplish two years ago. I do the washing out, which occupies from ten to fifteen minutes, the first thing in the morning and the last thing at night. Just before getting into bed I always try to pass urine naturally, and usually contrive to get rid of about a couple of tablespoonfuls, some of this being the residue of the injection, of which it is well to let a little stay in the bladder. This final effort leaves the bladder comfortably empty, and so far as the organ, which was once the source of unnumbered woes, is concerned, I sleep like a top. I cannot ever expect to be thoroughly sound in the bladder again, but for a man who is nearly fifty-six I enjoy very fair health.

I remain, Sir, yours obediently,

March 22nd, 1884. NUMBER THIRTEEN.

Mr. W. Pratt.—Three forms are in common use—1. A small plug of cotton-wool. 2. Discs of thin sheet rubber (procurable at any good instrument maker's). 3. Discs of soft linen, cut out to fit the individual, and held by a thread of cotton transfixing the centre.

Dr. Nixon (Dublin).—The case, if short, will be acceptable.

A. R. P.—No.

SCARLET FEVER AT SANDBACH.

To the Editor of THE LANCET.

SIR,—In reference to the scarlet fever epidemic here, I write to say that the deaths, which I believe are well under thirty, were chiefly due to the patients' carelessness in exposing themselves during the desquamating stage, and the spread of the infection to the entire absence of inunction. Since it commenced last May I have had fifty-five cases in all, including only three of scarlatina anginosa, and have been fortunate in not losing one. With a large practice I have only nine cases now under observation, and the last is in her third week. The newspaper reports are very much exaggerated for party purposes, and are doing material damage to the welfare of the town.—I am, Sir, yours truly,

W. R. DAMBRILL-DAVIES, M.R.C.S., &c.

Sandbach, March 24th, 1884.

GYMNASTICS FOR GIRLS.

To the Editor of THE LANCET.

SIR,—As a member of the profession who has devoted many years to the practical application of gymnastics, both medical and educational, will you allow me space for a few remarks on this subject. The whole question whether gymnastic exercises are good or bad depends upon whether the system practised is a sound one or the reverse, and, further, whether it be properly applied to meet individual exigencies. This stands quite apart from sex, for as much harm can be done to the male as to the female by ill-advised or excessive exercises. The practice of gymnastics has been left too much in the hands of those unacquainted with the structure and functions of the body, hence the evils which have arisen; and instead of harmonious development being the sole object, as it should be, of the gymnast, this or that exercise is given without definite aim, and often for the sake of mere display.

Exercises should be directed to the equal development of all parts of the body, and kept within the compass of the vital power of the individual. If, on the contrary, certain sets of muscles are brought into play, either solely or in excess, to the exclusion of others, the proper balance is not maintained. Certain parts are made unnecessarily strong at the expense of others neglected, and when, added to this, the exercises are in excess of strength, undue strain is placed upon the heart and lungs. In this way nutrition, instead of being increased, becomes distributed unequally, and when the evil passes beyond a given point, even serious disease of internal organs may be caused.

The exercises one sees ordinarily in vogue are much too exclusively directed to act on the flexors of the trunk and on the muscles of the arms, including the pectorals and the capsular muscles of the shoulder. On the other hand, the trapezii, rhomboidei, and extensors of the spine, except so far as they are used indirectly or in climbing, are too much neglected, their more important physiological function of keeping the spine erect and the scapulæ drawn well backwards being almost overlooked. The respiratory muscles also are hardly ever called into play except by indirect action, and the legs are but seldom exercised sufficiently. It is from these points being overlooked that harm is so often done, especially to the weakly, by unscientific gymnastics; but if these errors are avoided and harmony of development alone kept in view, gymnastic exercises can only be productive of good, giving increased strength, suppleness, and better carriage. A more equal distribution of vascular and nerve force is also induced with greater respiratory power, setting up a generally healthier functional condition of the whole body.

While a sound system of physical education is in the highest degree desirable for both sexes, the want is not so urgent in the male as in the female, owing to the greater activity of the sports and occupations of the former. The feeble condition of circulation so commonly existing in girls and women, and manifested in their cold hands and feet, is, in the majority of cases, entirely remediable by a little judicious exercise, and thus an important factor in the production of disease may be removed.

The conditions I have indicated as necessary to rational gymnastics are fully found in Ling's Swedish system, which is so well devised that, while the exercises are equal to the needs of the strongest, they are so exactly graduated as to be fully as suitable to those who are weak.

I am, Sir, yours faithfully,

Conduit-street, W., March 4th, 1884. JOHN HOLM.

R. M. (Chesterfield).—The evil is one which, we fear, legislation cannot touch. Our trust must be in the gradual growth of refinement in society at large.

THE USE OF ERGOT IN CHOREA.

To the Editor of THE LANCET.

SIR,—In your issue of Jan. 26th appeared a letter from Mr. Forrest recording a case of chorea in which he had used ergot successfully, and as the treatment seemed rational, I adopted it in a case which was brought to me a short time afterwards. The patient was a girl ten years of age, delicate, but with no history of rheumatism; she had recently had an attack of measles. The usual choreic movements were present, the sleep being much disturbed in consequence. I administered arsenic (two minims of the solution three times a day) for about nine days, but without improvement; in fact the symptoms appeared increasing in severity, so I adopted Mr. Forrest's treatment, and used ergot (ten minims of the liquid extract three times a day), and in three or four days manifest improvement was evident, and this improvement became so rapid that in a fortnight the child was well. I think the result of this treatment compares favourably with that usually adopted. It will be interesting and instructive to hear the results of the ergot treatment from those whose opportunities of administering it are large.

I am, Sir, yours faithfully,

Leominster, March 25th, 1884. RICHARD WATTS WHITE.

Studens.—However much opinions may differ as to the discretion of some of the examiners at the College of Surgeons, no one will impugn their honesty and good faith.

CARE OF BLIND IDIOTS.

To the Editor of THE LANCET.

SIR,—I shall be glad if any of your readers can inform me whether there is any institution into which a blind idiot child could be received. A small sum of money would be paid for maintenance. The child has been refused admission into Earlswood; I suppose, on account of her blindness.

I am, Sir, yours truly,

Leicester, March 24th, 1884. THOS. BLUNT, M.D.

SANITARY INSPECTION OF HOUSES.

To the Editor of THE LANCET.

SIR,—The great drawback to carrying out the recommendations of sanitary engineers in regard to insanitary houses is admittedly the expense which householders are advised to incur. At the same time, however, I think that in this connexion sufficient attention is not paid to the distinction between gross sanitary defects and those which cannot be thus described. In condemning everything indiscriminately which does not accord with the engineer's conviction of what a house should be from a sanitary point of view, there is clearly a want of regard shown for that which is absolutely defective, the condemnation of which of course is just, and that which, though not perfect, is still scarcely insanitary. A householder may reasonably demur on being advised to make a brick-work manhole in both the back and front area of his house, when, the fall being good, everything can be obtained by laying ordinary glazed drain-pipes, with good bends where necessary, and with junctions for the branches. The smallest acquaintance with sanitary science is sufficient to indicate the advantages of manholes as to the ready means of inspection of the drains, ventilation, and so forth. But it is conceivable that unless manholes are absolutely essential, it is scarcely logical to include them in a report. Therefore in drawing up the reports of their inspections it seems reasonable to suggest that engineers should be guided in part at least by a rule which does not compel them to recommend the most elaborate means for draining houses. It is just possible that householders would refrain more from "tinkering" with their drains if those who were called upon to inspect the latter in their reports took more cognizance of the adaptability of the appliances in use, and recommended more the adoption of methods which, while being sanitarily effectual, were less elaborate, and therefore less costly. I may add that I have had some work recently carried out in a most satisfactory manner by the Sanitary Engineering and Ventilation Company, Westminster, under the superintendence of Mr. Henry Carter, the engineer.

I am, Sir, your obedient servant,
H. PERCY DUNN, F.R.C.S.

St. Stephen's-road, W., March 24th, 1884.

Mr. J. F. Milner.—The letter sent is not so clear as it might be made and as a statement involving charges against a brother practitioner should be.

Dr. Edward Jones (Dolgelly).—We are not aware. Our correspondent might address the publisher on the subject.

COIN-SWALLOWING.

To the Editor of THE LANCET.

SIR,—The following may be worthy of note. A few days ago a young man, in tossing from his toe one of the current bronze penny pieces with the object of catching it in his mouth, accidentally swallowed the coin. This he did without difficulty and without pain, but two hours afterwards, when I saw him, he was suffering from pain in the region of the right breast. He lived chiefly on solid food, and in thirty hours after the accident he passed the coin, its passage through the bowels having given him no discomfort whatever.—I am, Sir, yours, &c.,
Islington, March 25th, 1884. J. CHALMERS.

Mr. C. H. Cox will excuse us from publishing the letter which he received from his professional neighbour. It would not add to the credit of the profession, and is obviously wrong in its tone and style.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir John Bennett, London; Mr. S. Snell, Sheffield; Dr. Boucher; Dr. Brett, Watford; Mr. Kendal Franks, Dublin; Dr. Champneys, London; Messrs. Wyman and Sons, London; Mr. Cane, Leeds; Dr. A. Routh, London; Mr. Vickers, London; Messrs. Collins and Son, Weston-super-Mare; Mr. W. Thomas, Birmingham; Mr. Leverell, London; Mr. Briscoe, London; Dr. J. S. Scriven, Duffield; Dr. Jacob, Leeds; Mr. C. Lucas, London; Mr. Cresswell Hewett, London; Mr. Le Fevre, London; Dr. Nixon, Dublin; Dr. Ewart, London; Mr. Sergeant, London; Dr. A. Wright, Romford; Messrs. A. and C. Harston; Mr. Blaker, London; Mr. White, Canterbury; Mr. W. R. Dambrill-Davies, Sandbach; Mr. Walter Pratt, Leighton Buzzard; Dr. Blunt, Leicester; Messrs. Greenfield and Abbott, London; Mr. H. P. Dunn; Mr. Butlin, London; Mr. H. Herkomer; Surgeon-Major Jazdowski; Mr. Coward, Huddersfield; Mr. Scarth, Leeds; Dr. Finlay, London; Mr. Davidson, Bombay; Dr. Fothergill, London; Dr. Savage, London; Dr. Ashby, Manchester; Mr. Jennings, Newcastle; Dr. Hughlings Jackson, London; Dr. Strahan, Northampton; Messrs. Essinger and Neuberger; Dr. Chalmers, London; Mr. R. W. White, Leominster; Dr. Whitling, Croydon; Dr. Wilson, Cheltenham; Messrs. Eade and Caulfield, London; Mr. Swan, Cushendall; Messrs. Burroughs and Co., London; Mr. Woodwood, Birmingham; Mr. Langley, Sydenham; Messrs. Sampson Low and Co., London; Messrs. Morris and Co., London; Dr. Boul, Wisson; Mr. Morton, Horncastle; Dr. Mackenzie; Messrs. Hatchman and Co., London; Mr. Scott, London; Dr. Shreiber, Paris; Miss Bramwell, Leith; Messrs. Jackson and Co., Jarrow-on-Lyne; Messrs. Bell and Co., London; Messrs. Hills and Son, London; Messrs. Ridley and Sons, Rochdale; Mr. Frampton, Weston-super-Mare; Messrs. Oliver and Boyd, Edinburgh; Mr. Harrison, London; Mr. Griffiths, Clifton; Dr. Colmer, Yeovil; Dr. Willey, Sheffield; Mr. Brockelbank, Islington; Mr. Webb, Bury; Messrs. Christy and Co., London; Messrs. Hardtmuth, London; Mr. Alexander, Glasgow; Mr. Cooper, Durham; Messrs. Kilner and Co., London; Mrs. Smith, Eastbourne; Messrs. Burgess and Co., London; Mr. Westwood, Birmingham; Dr. Brabazon, Bath; Mr. Sewill, London; Dr. Aitken; Mr. J. R. Forrest, Herne-hill; Messrs. Wyleys and Co., Coventry; Mr. Lacomb, London; Mr. Fosbroke, Stratford-on-Avon; Mr. Bennett May, Birmingham; A. R. P.; A. D., Brighton; C. D. R., Stroud; H.; A. B., Twickenham; W. W.; Grange; Gurticoli, Bologna; Tyro; L. H. C.; A Parent; A Constant Subscriber; Number Thirteen; Clavicle; &c. &c.

LETTERS, *each with enclosure*, are also acknowledged from—Mr. Blythe, East Knoyle; Miss Edith, Nice; Mr. Calcott, Dundle; Mr. Horne, Sandwich; Dr. Norman Kerr, London; Messrs. Reynolds and Co., Leeds; Miss Carless, Liverpool; Mr. Piggott, Alton; Mr. Wolverson, Alfreton; Mr. Macculloch, Holloway; Mr. Jeroms, Sutton-Colefield; Mr. Tomkins, Monsall; Mr. Woolley, Heanor; Mr. Elliott, Carlisle; Mr. Burnon, Yeovil; Mr. Teague, Manchester; Miss Peall, Matlock; Messrs. Morris and Co., London; Mr. Jeffreson, York; Mr. Brooke, Hyde; Mr. Webb, Cheshunt; Mr. Menzies, Glasgow; Mr. Penkivel, Battersea; Mrs. Martin, Notting; Dr. Sutton, Smithwick; Mr. Jones, Harrogate; Dr. Woodruff, East Cowles; Mr. Walker, Waddesdon; Mr. Bullock; Mr. Cameron, Stroud; Mr. George, Newington; Mr. Honchin, Stepney; M. S.; Medicus, Leeds; W. E., Brockley; F. N., Birmingham; Country Town; B. C. D.; M.R.C.S., London; E. C., Wandsworth; E. H. L., Rathmines; W. J. W., Oxford; H. G., Doncaster; Bohemia, London; Medicus, Cheltenham; Medicus; Medicus, Manchester; C. E. C., Tollington-park; Medicus, Newbury; Medicus, Polperro; Medicus, Stoke Newington; H. J. S.; J. C. B., Barnsley; L., Wandsworth; L.R.C.P.; W. B.; Scotia; Centurion; Athelston; Zeta, Folkestone; E. C., Shorncliff; E. R. S. L., Finchley; Medicus, Stow-on-the-Wold; Medicus, Canterbury; O. P.; Celeritas, Bristol; S. J. C., Oldham; Doctor, Shepherd's-bush; Medicus, Hastings; Alpha, Edinburgh; Medicus, Hornsey; Norman; C. A.; Hoff; &c. &c.

Yorkshire Post, Nottingham Daily Chronicle, Bombay Gazette, Calcutta Englishman, Croydon Chronicle, Northern Daily Mail, Liverpool Daily Post, Oxford University Herald, Glasgow Herald, Garden Work, &c., have been received.

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